National Naming and Recognition Committee
National Recognition Nomination Form
“Honouring Local Heroes”

This application is for (please check one only):

☐ National Hero Nomination   ☐ Site Renaming [Select One]

(If applicable) Site for renaming is a (please check one only):

☐ Building   ☐ Road   ☐ Park    ☐ Bridge

Current Name of Site (if applicable): __________________________________________

Suggested Name: __________________________________________________________

Name of person being to be honoured: _________________________________________

List significant accomplishments made by this person to Bermuda:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Is the person alive or deceased? _____________________________________________

State reasons why this person should be honoured.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

At Your Service, Bermuda
Dame Lois Browne-Evans Building, #58 Court Street, Hamilton HM 12
P.O. Box HM 886, Hamilton HM DX
Phone (441) 292-1681  Fax: (441) 292-2474  Website: www.communityandculture.bm
A signed letter from the person or significant surviving family member (spouse, child or relative) indicating their sentiments is required. Please indicate if this document is attached. □ Yes □ No

Please indicate if any additional support documentation is included and what type:
_________________________________________________________________________

Please indicate other persons, interest groups or community groups that you have consulted and where appropriate, attach their feedback.
_________________________________________________________________________

**Nominator Information**

Name (please print): ____________________________________________________________

Signature: ________________________________________________________________

Relation to Nominee if any: ___________________________________________________

Telephone: (h) _______________ (w) _______________ (c) _______________________

Address: ___________________________________________________________________

Email: _____________________________________________________________________

Date of Submission: __________________________________________________________