Appendix A to JFMNR 36-3108

MEMORIALIZATION NOMINATION FORM (* Required)

1.	*Nominee's full name:	
	Date of Birth:	Date Deceased:
2.	Social Security Number / Service Number: (Only needed for Records Recovery)	
3.	Nominee's highest grade held:	
4.	*Nominee's period of service in the Minnesota Air National Guard:	
5.	Nominee's last unit/statio	n in the Minnesota Air National Guard:
6.	Military position last occu	pied with the MN ANG (include dates of service):
7.	*Nominee's home addres	s (include zip code):
8.	*Nominee's preferred pho	one number:
9.	Nominees alternate phon	e number:
10	10. *Nominee's e-mail address:	
11	. *(If deceased) Name and	address of next of kin, to include relationship of the nominee:
12	. Spouse's Name:	

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(continued)

13. *Narrative will be submitted in accordance with the guidelines provided in paragraph 4 using the following sections.

Section one: Describe the nominee's military service. Specifically include: a) any acts of heroism and b) distinguished professional military achievements and service which demonstrate the nominee's "uncommon prestige." Cite specific "positions of responsibility" or "positions of great responsibility", the associated challenges overcome, and achievements in those positions. Awards, commendations or other documents that support the above requirement can be included with the nomination.

Section two: Describe the nominee's civilian leadership positions held that demonstrate the concept of Citizen-Airman. Describe the nominee's involvement in their community, including after retirement or separation from the Minnesota Air National Guard. This paragraph is strengthened by specific examples of leadership positions held, activities performed, and achievements as opposed to mere organizational association.

- 14. *Nominator name(s) and relationship(s) to the nominee:
- 15. *Home address (include zip code):
- 16. *Preferred phone numbers & e-mail address: