



Funeral Service Association of Canada / Association des services funéraires du Canada

## Award of Merit - Nomination Form

### NOMINATION INFORMATION

Nominee Full Name:

Nominee Organization:

Nominee Address:

City:

Province:

Postal Code:

### NOMINATION MOVER INFORMATION

Nomination Mover Name:

Nomination Mover Address:

City:

Province:

Postal Code:

Nomination Mover Email:

Nomination Mover Telephone:

### NOMINATION SECONDER INFORMATION

Nomination Seconder Name:

Nomination Seconder Address:

City:

Province:

Postal Code:

Nomination Seconder Email:

Nomination Seconder Telephone:

Provide us with an outline detailing why the nominee is an appropriate candidate for the Awards of Merit. If you require additional space for writing, please provide a Word document attachment to this nomination form.