



# Law Enforcement Congressional Badge of Bravery

## Nominee Information

*\*Required Fields*

Occupational Title:\*

Other Title(s):    
(not required if Occupational Title is selected)

Grade/Rank:

First Name:\*

Middle Name:

Last Name:\*

Suffix:

Home Address 1:\*

Home Address 2:

City:\*

State:\*

Zip Code:\*

Gender:\*  Male  Female

Employing Agency Name on the date of the act of bravery:\*

Field office address on the date of the act of bravery:\*

Field office address 2 on the date of the act of bravery:

Field office City:\*

Field office State:\*

Field office Zip Code:\*

Years of Service at the time of the event:\*

E-mail:\*

Confirm E-mail:

Telephone:\*  -  Extension

Fax:  -