



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:

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