Hero nominee’s information:
First name: __________________________________ Last name: __________________________________
Address: ___________________________________________________________________________________
City: ________________________________________ State: ____________ ZIP: _______________________
Home phone: _________________________________ Cell phone: _________________________________
Branch #: _________ City: ________________________________ Region #: ___________

Nominator’s information:
First name: __________________________________ Last name: __________________________________
Address: ___________________________________________________________________________________
City: ________________________________________ State: ____________ ZIP: _______________________
Home phone: _________________________________ Cell phone: _________________________________
Branch #: _________ City: ________________________________ Region #: ___________

Location of heroic or humanitarian act: Date:

Explanation of heroic or humanitarian act: (include attachment or expanded explanation)

Did the story appear in media? (TV, radio, newspaper) Link/copy attached? □

Mail this form to:
Letter Carrier Heroes, NALC, 100 Indiana Ave. NW, Washington, DC 20001-2144