



Kentucky Firefighters Association

Legacy Award

Nomination Form



Deadline for nominations is **FEBURARY 1st** of the year to be considered
 For more information contact any KFA Executive Board Member

Please print legibly in all fields

Individual Being Nominated: _____

- **Section for Living Nominees**

Nominees Mailing Address: _____	Daytime Phone Number _____
City, State, Zip Code: _____ () _____	
Current status in Fire Service: <input type="radio"/> Active <input type="radio"/> Retired Date of Retirement: _____	
Department: _____	
Spouse or nearest living relative: _____ Relationship: _____	
Relatives contact phone number, if other than nominees: () _____	

- **Section for Deceased Nominees**

Date of Birth: _____	Date of Death: _____
Department: _____	
Spouse or nearest living relative: _____ Relationship: _____	
Relatives Mailing Address: _____ Daytime Phone Number _____	
City, State, Zip Code: _____ () _____	

- **Complete for all Nominees**

Date Joined the Fire Service: _____
Current Rank or Last Known Rank: _____
KFA or Regional Association Offices Held and Dates: _____ _____
Above and Beyond service to the KFA, Regional Association, or Fire Department: _____ _____
Submitted By: _____ Date: _____
Department: _____
Mailing Address: _____
City, State, Zip Code: _____ Phone: () _____

Mail To:
 KFA Secretary Eric Philpot
 Corbin Fire Department
 805 South Main Street
 Corbin, KY 40701

OR

Email to:
 KFA Secretary Eric Philpot
 Subject: Legacy Award
secretary@kyfa.org