

**NOMINATION FORM
FOR DEPARTMENT OF MASSACHUSETTS
MARINE OF THE YEAR**

YEAR: _____

TODAYS DATE: _____

Name of Nominee: _____

Certification: _____

The above named nominee for Department of Massachusetts Marine of the Year was approved by the Detachment by majority vote.

Signature of Commandant: _____ **Date:** _____

Signature of Adjutant: _____ **Date:** _____

Type or Print reason(s) for selection of nominee; if more space is needed, use the back or add another sheet.

You may type or print your nominee's accomplishments in the space below; if more space is needed you may add page(s) to this form.