

ST. ELIZABETH ANN SETON MEDAL AND ST. ANNE MEDAL

NAME (Ms.Mrs.) \_\_\_\_\_ IS BEING NOMINATED FOR THE \_\_\_\_\_ RECOGNITION.

PARISH \_\_\_\_\_ SPOUSES NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**PARISH &/OR DIOCESE:** List present or most recent first.

POSITION	ORGANIZATION	APPROX. DATES

**GIRL'S ORGANIZATION:** List present or most recent first.

POSITION	ORGANIZATION	APPROX. DATES

**OTHER ORGANIZATIONS:** List present or most recent first.

POSITION	ORGANIZATION	APPROX. DATES

V  
O  
L  
U  
N  
T  
E  
E  
R  
  
E  
X  
P  
E  
R  
I  
E  
N  
C  
E

Please state specifically what contributions the candidate has made in the spiritual development of Catholic members in the organizations that would merit this award:

If more space is needed please use reverse side of this form.

Nomination submitted by: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**ENDORSEMENTS**

I hereby affirm the nomination of \_\_\_\_\_ as worthy of this recognition. Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Pastor/Parish Priest) (Parish Name)

The named candidate is currently registered and active in \_\_\_\_\_ parish and has been registered as an adult member for \_\_\_\_\_ years.

\_\_\_\_\_  
(Signature of Council Representative) (Date)

Approval by Committee

The above candidate meets Diocesan requirements.

\_\_\_\_\_  
(Chairman) (Date)

\_\_\_\_\_  
(Chaplain) (Date)

**Please mail completed application to:  
Family Life Office  
PO Box 80328  
Lincoln, NE 68501**