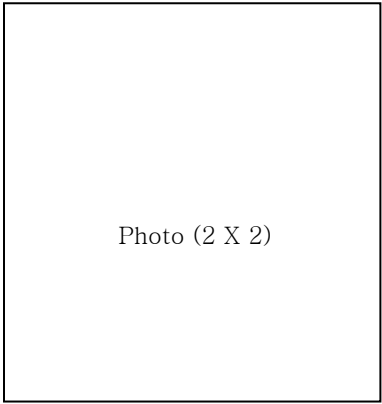




National Parents' Day Committee
Elizabeth New Jersey



Outstanding Parents of the Year Nomination Form

Nominee Names: _____

Nominee Address: _____

Nominee City, St., Zip.: _____

Nominee Phone: _____ **Nominee Email:** _____

Years Married: _____ **Number of Children:** _____ **Number of Grandchildren:** _____

Children:	<u>Last Name</u>	<u>First Name</u>	<u>Birthday</u>

Brief Intro: *(Basic information, Challenges such as emotional, physical or financial that were overcame, Highlights.)*

Nominee Qualities: *(Exemplary qualities of sacrificial love as well as moral values and virtues)*

Community Contributions: *(Volunteer works and other contributions to the community through other organizations)*

Faith Example: *(Religious life and spiritual journey)*

Outstanding Achievements: *(Awards, Recognitions and Citations)*

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FOR OFFICE USE ONLY

Nominator Name: _____

Nominator Address: _____

Nominator City, St., Zip: _____

Nominator Phone: _____ **Nominator Email:** _____

Relationship to Nominee: _____

Nominators Signature: _____ **Date submitted:** _____

Submit this nomination form to the **Parents Day Awards and Blessing**
Attn: PDAB Secretariat, 1139 Elizabeth Avenue, Elizabeth NJ 07201

For more information and inquiries, please email Emiljun Rapada, PDAB Chairperson at emilrap@gmail.com