



# Firefighting Medal of Honor Application

The Firefighting Medal of Honor Annual Award program established by Public Act 86-1230, will place emphasis and priority on the consideration of firefighters who have been killed or seriously injured in the line of duty and those who have displayed exceptional bravery or heroism while performing their duties as a firefighter.

**Nominee applications must be completed and returned by**

**February 1, 2026**

Please complete the form below and mail to:

**Firefighting Medal of Honor Committee**

**1035 Stevenson Drive**

**Springfield, IL 62703-4259**

Type or Print in Black Ink Only

Name of Nominee: \_\_\_\_\_

Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

Department: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person Recommending Award: \_\_\_\_\_

Rank: \_\_\_\_\_

Dept: \_\_\_\_\_

Day Phone: \_\_\_\_\_

NFIRS-Report:  No  Yes (Please attach copy)

Incident # \_\_\_\_\_

Fire Dept.-Report  No  Yes (Please attach copy)

Date of Incident: \_\_\_\_\_

**DETAILS/FACTS SUPPORTING AWARD RECOMMENDATION:** (Attach additional papers as necessary.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Department Member Recommending Award \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Chief's Signature \_\_\_\_\_

C.O.'s Signature \_\_\_\_\_

**ATTACHMENTS**

- Supplemental Reports     NFIRS Report     Injury Reports     Other Documents