

# DISTINGUISHED SERVICE AWARD

## APPLICATION

(To be given to an individual making national contributions in the field of genealogy).

Name of nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Reasons nominee should be considered: \_\_\_\_\_

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Name(s) and address(es) of local newspapers serving community in which nominee lives:

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Name of person recommending candidate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Genealogical affiliation(s): \_\_\_\_\_

(Additional information may be added to this sheet or additional pages may be attached)

Mail to: Illinois State Genealogy Society Office  
Honors & Awards Committee  
P.O. Box 10195  
Springfield, IL 62791-0195