

Office of the Superintendent  
Medway Public Schools  
45 Holliston Street, Medway, MA 02053

**BURKE-MEMORIAL SCHOOL PLAQUE  
NOMINATION FORM**

*Please print:*

**Nominee:**

\_\_\_\_\_  
(Last) (First) (Middle)

**Current Address:**

\_\_\_\_\_  
(Street Address) (City/State/Zip)

**Nominee:**  Living  Deceased

If deceased, nearest living relative:

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Street Address) (City/State/Zip)

**Please note on the lines provided below the significant/memorable contribution to the town/school community.**

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

(If needed, please attach a separate sheet of paper or other attachments)

**Name as it should appear on plaque:**

\_\_\_\_\_

**Nominated by (your name):**

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Street Address) (City/State/Zip) (Phone Number)

Relationship to nominee:  spouse  child  other: \_\_\_\_\_  
(Specify)

Date Received: \_\_\_\_\_