

Criteria for name to be placed on Elliot Lake Miners Memorial

Definition of the Worker to be placed on the Memorial

1. A mine worker who was employed in any occupation related to the mining camps in Elliot Lake.
2. This will include all those workers either tragically killed or who succumb to an occupational disease/illness.
3. The names will be full and complete names (no nick names) with the first name being engraved followed by the surname. The names will be engraved in random order.
4. Any person/family member, who wishes to have their loved ones name enshrined on the memorial on a go forward basis, will receive a letter outlining the criteria, including a questionnaire and authorization to be completed and signed by the person with the legal authority to do so.
5. Future inductees for the memorial will be reviewed and approved by the Miner's Memorial Selection Committee. This committee shall comprise of the following membership approved by the City of Elliot Lake as a standing committee of Council:
 - a) a person appointed by the United Steelworkers Union
 - b) a person appointed by the Algoma Manitoulin and District Labour Council
 - c) a person appointed by the City of Elliot Lake
 - d) a person representing an inductee of the worker enshrined on the memorial
 - e) a non voting City staff person appointed by the City of Elliot Lake.
6. Future names to be added to the memorial shall take place yearly as outlined in the schedule "A"

SCHEDULE "A"

Advertising for new inductees to be placed on the Miner's Memorial shall take place every year at the beginning of October and again in early November.

The committee shall convene in December to review and select the nominees for induction at the day of mourning ceremony of April 28 in the next calendar year.

Selection of inductees will be completed no later than the end of January of the year for which the names will be enshrined.

Authorization

I _____ hereby authorize the City of Elliot Lake and the Algoma Manitoulin District Labour Council to use the name of my family member _____ for the purpose of recognizing him/her in the National Day of Mourning ceremonies on April 28 of each year. I further agree to the to the use of the family member's name to be affixed to the Elliot Lake Miners Memorial.

Dated this ____ day of _____, 200_

Signature _____ Witness _____

Questionnaire

(PLEASE PRINT CLEARLY)

Contact Person:

Telephone Number:

Address:

Date of Death:

Cause of Death:

Place of Employment:

Questionnaire

(PLEASE PRINT CLEARLY)

Contact Person:

Telephone Number:

Address:

.....

Name:

Employer:

Starting Date (If Known):

.....

Was a Worker's Compensation Claim Filed:

Do you know the Worker's Compensation number?:

Are you aware if the family received Worker's Compensation survivor benefits?:

.....

Cause of Death:

Date of Death:

Authorisation

I.....(contact person) hereby authorize the Elliot Lake

Miners Memorial Committee or their designate to contact.

.....(organization) and obtain any information related to the

death of..... (deceased worker).

Signature:_____Date:_____

Witness:_____Date:_____