



CHARLTON BOSTON POST CANE COMMITTEE  
37 MAIN ST.  
CHARLTON, MA 01507  
TEL. 508-248-2206

## **Boston Post Cane Criteria** **Charlton, MA**

### **Eligibility and Selection:**

The holder of the cane must reside in the Town of Charlton and have been a resident for a minimum of 20 years.

Selection will be determined by the Board of Selectmen with a recommendation by the Charlton Boston Post Cane Committee. The responsibility of the committee is to preserve the tradition of honoring the oldest person in the Town of Charlton in the most fair and reasonable manner.

### **Method to Search for Oldest Resident:**

Notice shall be placed in the local media, on the local cable access channel and on the Town of Charlton website looking for nominations for those residents who have lived in the Town of Charlton for a minimum of 20 years.

Nominees' must provide valid identification and proof of residency.

The Charlton Boston Post Cane Committee may inquire at local nursing facilities, housing, civic and church groups to facilitate the search. General public knowledge, word-of-mouth and nominations from family and friends are encouraged.

All nominations must be received 30 days from the date of the posting of the notice in the media.

Nomination forms can be obtained at:

- The Charlton Senior Center at 508-248-2231
- The Selectman's Office at 508-248-2206
- The town's website at: [www.townofcharlton.net](http://www.townofcharlton.net)

### **Presentation:**

Members of the Board of Selectmen shall present the cane recipient with a wooden replica of the cane and a certificate of honor. The original cane itself will be secured in a glass case with a picture of the recipient and a plaque stating the name of the oldest person in town to hang at its side, outside the Selectmen's meeting room in Town Hall.

The presentation will take place at a designated time and place depending upon the mobility of the recipient.



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## THE BOSTON POST CANE NOMINATION FORM CHARLTON, MA

NAME OF NOMINEE: \_\_\_\_\_

NOMINEE'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NOMINEE'S TELEPHONE NUMBER: \_\_\_\_\_

NOMINEE'S DATE OF BIRTH: \_\_\_\_\_

YEAR NOMINEE BECAME A CHARLTON RESIDENT: \_\_\_\_\_

NAME & PHONE NUMBER OF PERSON  
MAKING NOMINATION: \_\_\_\_\_

TELL US A LITTLE BIT ABOUT  
YOURSELF / NOMINEE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please remember to enclose valid identification and proof of residency.*

RETRUN TO: CHARLTON BOSTON POST CANE AD HOC COMMITTEE  
37 MAIN STREET  
CHARLTON, MA 01507

EMAIL: [mary.devlin@townofcharlton.net](mailto:mary.devlin@townofcharlton.net)