

Date _____

Quilt of Valor Nomination of a Service Member or Living Veteran

QUILT MAKER NAME _____

Relationship to recipient: ___ Family Member ___ Friend

RECIPIENT INFORMATION

First Name _____ Last Name _____

Nickname (Optional) _____

___ Male ___ Female

Address _____

City _____ State _____ Zip _____

County _____

Email _____

Phone# _____

Current Status: ___ Active Duty ___ Veteran

Branch of US Armed Forces: ___ Army ___ Marines ___ Navy ___ Air Force ___ Coast Guard
___ Other _____

Rank (current or at discharge): _____

What conflict and/or years did the service member serve? e.g. Vietnam 1965-1967.

Where did the service member serve? _____

Information about the service member that would make an award ceremony personal, e.g. unit served, ship assigned, duties or responsibilities, experiences, etc.

