



QUILTS OF VALOR - NOMINATION FORM

General Information

Recipient Information *all fields are required except county and nickname*

First Name: _____

Last Name: _____

Male Female **Preferred Name:** _____

Street Address: _____

Address Line 2: _____

City, ST, Zip _____

County (if known): _____

Email: _____

Phone Number: _____

Current Status: Active Duty Veteran **Discharge Status:** Honorable Conditions

Armed Forces Branch of Service (*Army and Air Force include activated National Guard and Reservists*)

Army Navy Air Force Marine Corps
 Coast Guard Space Force Dover Mortuary (AFMAO) Merchant Marines (1941-1945)

Dates of Service (*year to year*): _____

Current or Discharge Rank: _____

E.g.: E1-E10, WO1-WO5, and O1-O10

Where did the service member or veteran serve? (Check all that apply)

Awards for nominees currently deployed will be planned upon their return.

- | | |
|---|---|
| <input type="checkbox"/> World War II | <input type="checkbox"/> Korean Conflict |
| <input type="checkbox"/> Vietnam War | <input type="checkbox"/> Persian Gulf War |
| <input type="checkbox"/> Cold War | <input type="checkbox"/> Operation Enduring Freedom (OEF) |
| <input type="checkbox"/> Operation Iraqi Freedom (OIF) | <input type="checkbox"/> Operation New Dawn (OND) |
| <input type="checkbox"/> Gulf War/ Desert Shield/Desert Storm (ODS) | <input type="checkbox"/> Other Wars or conflicts |



Contact Information of the Requester (required)

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Relationship to Recipient? Self Family Member Friend

Group Name **TURTLE CREEK PEACEMAKERS** **Group Number: #53390**

Member Name _____

I certify that I have read the QOVF Mission Statement, all of the information on the first page and affirm the information I provided is accurate.

Signature: _____

Printed Name: _____

Date: _____

Email, mail or hand deliver to your Local QOVF Group Leader or Member that gave you this form.

Name:	DEBBI ORIOLO - TURTLE CREEK PEACEMAKERS #53390
Group Address:	17 SARATOGA ROAD, WEST WINDSOR, NJ 08550
Phone Number:	609-610-1880
Email:	qov_debbi@turtlecreekquilters.org

Please add service location, duties, medals/ribbons or any other information you would like to share to help make the award ceremony more personal for all involved.

