



MRFA Recipient Information - all fields are required except county and nickname

First Name: _____

Last Name: _____

Preferred Name: _____

Street Address: _____

Address Line 2: _____

City, ST, Zip _____

County (if known): _____

Email: _____

Phone Number: _____

Discharge Status: Honorable Conditions Dis-Honorable Conditions

Army

Navy

Coast Guard

Other _____

Dates of Service (year to year): _____

Discharge Rank: _____

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

Our Mission Statement: To cover Service Members and Veterans touched by war with comforting and healing Quilts of Valor.

Please use the second page to provide information about locations of service (e.g., stateside, deployments, countries). Example: France, Germany, Korea, Vietnam, Panama, Beirut, Granada, Bosnia, Iraq, Afghanistan, Africa, Somalia, the Middle East, anti-terrorism operations and terrorism attacks against Armed Forces personnel. You may also provide comments about the nominee regarding unit or ship assignment, duties or responsibilities while serving, experiences, or other information that will help personalize and make the ceremony meaningful for the recipient.

I certify that I have read the QOVF Mission Statement, and affirm the information I provided is accurate.

Signature:

Printed Name: _____

Date: _____

Name:	Ginger Fondren
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Email:	ginger.fondren@QOVF.org

