



**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 space below signature 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. 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. **Add extra sheet if necessary for all information.**

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

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MAIL THIS FORM TO**

**Name:**                      Ginger Fondren

**Group Address:**      P.O. Box 103, Gladeville TN 37071-0103

**Email:**                      ginger.fondren@QOVF.org