QOVF Nomination Form

Recipient Information:

First Name_____ Last Name_____

( ) Male ( ) Female Preferred Name_____

Street Address_____

City, State, Zip_____

County (if known)_____ Email_____

Phone Number_____

( ) Active Duty ( ) Veteran Discharge Status ( ) Honorable Conditions

Branch of Service: ( ) Army ( ) Navy ( ) Air Force ( ) Marine Corps
( ) Coast Guard ( ) Space Force ( ) Dover Mortuary ( ) Merchant Marines (1941-1945)

Dates of Service (year to year)_____ Current or Discharge Rank_____

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

( ) WWII
( ) Vietnam War
( ) Cold War
( ) Operation Iraqi Freedom (OIF)
( ) Gulf War/Desert Shield/Desert Storm (ODS)
( ) Korean Conflict
( ) Persian Gulf War
( ) Operation Enduring Freedom (OEF)
( ) Operation New Dawn (OND)
( ) Other Wars or conflicts

Duty Stations:_____

_____

Additional Comments:_____

Contact Information of Requester (Required)

First Name_____Last Name_____

Email _____Phone Number_____

Relationship to Recipient ( ) Self ( ) Family ( ) Friend ( ) Other_____

Please mail to:
HOTT Quilters
Quilts of Valor Committee
P. O. Box 874
Kernersville, NC 27285-0874
hottqqov@gmail.com

Date Submitted _____ Reference Number _____