



## QUILT OF VALOR (QOV) NOMINATION

Veteran's Name

Address

City, State, Zip

Veteran's Phone Number

Veteran's Email (if any)

Has this Veteran received a QOV in the past? Yes      No

Branch of Service:    Army            Navy            Airforce        Marines        Coast Guard

Deployment:            WWII            Korea            Vietnam        Beirut        Latin America

                          Iraq            Afghanistan        Other (Specify)

Service Years:                    to

Honorable Discharge? Yes      No

Rank at Discharge (if know)

Details you may wish to share: (years of service, area of service, rank, awards/medal, details of war zone service)

Quilt of Valor requested by:

Date:

Phone Number:

Email:

Special Instructions:

**\*Please return this form to QOV Booth or mail to: PO Box 383 Hansen, ID 83334\***

Your information will be submitted to the Quilts of Valor Foundation.