

Oak Island Beach Quilters Quilts of Honor Questionnaire

Honoree's Name (and Rank or Title, if applicable) _____

Phone: () _____ Email: _____

Years of Service: From _____ to _____

Have you previously received a Quilt of Valor or Honor? _____

Check all that apply:

<input type="checkbox"/>	Retired	<input type="checkbox"/>	Gold Star	<input type="checkbox"/>	Deceased
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Service Branch

<input type="checkbox"/>	Army	<input type="checkbox"/>	Marines	<input type="checkbox"/>	Fire Fighter
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Water Rescue
<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Police	<input type="checkbox"/>	Civilian Hero

Please let us know about where and when you or your loved one served, any special commendations or honors, and anything else you would like to add. We honor your service and thank you for all you have sacrificed.

Completed by: _____ Relationship _____

Service Details:

Mail completed questionnaire to: Oak Island Beach Quilters, P.O. Box 3, Oak Island, NC 28465,
or save this PDF file and email to okihonorsquilt@gmail.com