

Military Police Regimental Association

Vivandieres Request Form

RECOMMENDER INFORMATION

Rank / Name _____ Member # _____

Unit/Org _____

Address _____

City, State, Zip _____

Phone _____

Email _____

**Recommender, Recipient's Spouse and Endorser
MUST all be current members of the MPRA.*

SEND

Vivandieres Medal submissions to:

Military Police Regimental Association

ATTN: Awards

P.O. Box 2182

Ft. Leonard Wood, MO 65473

573.329.5317 • 573.329.6772

mpragiftshop@gmail.com • mprabeth@gmail.com

PAYMENT MUST ACCOMPANY ALL REQUESTS

NOMINEE/RECIPIENT INFORMATION *Complete entire form. Please don't type in all CAPS—use normal Upper/lower case.*

Rank/Grade/Mr./Mrs./Ms _____

Name _____ Current Unit/Organization _____

Planned Presentation Date _____ Spouse of MPRA Member Yes # _____ No

Spouse's Name _____ Effective Date of Membership _____

REQUEST FOR APPROVAL

Allow 4 weeks for processing.

The following criteria has been satisfied and I: (check as appropriate)

- Request** that this nominee receive the Vivandieres Medal
- Recommender is current MPRA Member..... Yes No
- Endorser is a Military Police Colonel or above, Deputy Commandant, Military Police Nominative Command or Nominative Staff Sergeants Major, or Chief Warrant Officer Five and a current standard member.* Yes No
- Nominee clearly stands out consistently in support to the Military Police Regiment above others Yes No
- Accompanying narrative and documents clearly substantiate that the nominee meets the established criteria..... Yes No

Endorser Name _____

Endorser Signature _____

***NOTE: If none of the above is available include a memo requesting endorsement.**

APPROVING AUTHORITY

This request is

- Approved Disapproved

Commandant
U.S. Army Military Police School

Remarks:

Current cost of award is \$50.00. Total \$ _____

Add \$10.00 for requests within two weeks of presentation date.

Additional cost for rush delivery or overnight receipt.

NOTE: For your security, payment details can be provided via phone.

- Check or Money Order Enclosed. (No Govt. POs)
- Credit Card. Exp. Date _____ Security Code _____
- # _____ Billing Zip Code _____

Print Name (exactly as shown on card) _____

Signature _____

MPRA should mail processed medal to: **MUST BE A RESIDENTIAL ADDRESS.**

Name _____

Address _____