

CAPITAL CITY YOUNG MARINES DECORATIONS & AWARDS REQUEST



Date: _____

Rank / Name: _____ Age: _____

Applying for: Ribbon / Device: _____

Documentation / Proof: *Attach photo copy of documentation / proof if required (per Awards Manual); otherwise, write here why you are applying for this ribbon and/or device.*

Request Approved: Staff Use ONLY	
<input type="checkbox"/> Yes	If "Yes", date ribbon / device issued _____
<input type="checkbox"/> No	Reason: _____ YM Notified: _____
<input type="checkbox"/> Other	_____
Authorizing Signature: _____	Date: _____