

ONF Memorial Portraiture Application

Date _____

Name of Service Member _____

Name of Applicant _____ Relationship _____

Hometown Address _____

Telephone No. _____ Cell No. _____

Best time to contact: mornings _____ afternoons _____ evenings _____

Email Address _____

Ship To Address (if different) _____

Family Representative (if different) _____

Relationship _____ Telephone # _____

Telephone No. _____ Cell No. _____

Best time to contact: mornings _____ afternoons _____ evenings _____

Email Address _____

Do you or your family representative have access to viewing digital images on a computer?

YES

NO

Please know that the information you provide will be kept in strict confidentiality and will not be shared with other organizations or websites beyond the ONF organization and will be used for the sole purpose of creating memorial portraiture of the deceased Service Member named above.

I _____ DO release the enclosed photographs of _____, to OPERATION NEVER FORGET, for the sole purpose of creating a portraiture memorial bust in honor of the deceased Service Member named above.

IMPORTANT STATEMENT, PLEASE READ:

As the ONF project can only be successful in its mission, which is to provide to the families and their communities throughout the country, a bronze portraiture memorial bust of every Service Member whose life was cut short in the war on terror in Iraq and Afghanistan, through the support of the ONF circle of families, friends and community, we encourage the use of images of the in-process or completed portraiture busts on the ONF website and in future literature, respectfully. If you wish to Opt-Out of this, we will respectfully honor your request.

I _____ authorize the use of my Service Member's photographs, in-process clay work and/or completed portraiture bust be used for helping spread the ONF Mission to other families and communities such as mine, either on the www.operationneverforget.org website or ONF printed materials and literature, used for the sole purpose of raising awareness of the ONF mission.

I _____ DO NOT authorize the ONF to use my Service Member's photographs, in-process clay work and/or completed portraiture bust, other than for the sole purpose of creating the memorial portraiture.

Signature of Applicant _____ Date _____

Checklist of items required:

- ❖ Signed ONF Application
 - ❖ Casualty Report DD-Form 1300
 - ❖ At least 3, 8x10 Color photographs
 1. 8x10 color photo in 'dress-blue' uniform
 2. 8x10 color photos of heroes that show profile
 3. The best straight-on photo available
 - ❖ An informal description about your hero, their likes and dislikes, hobbies, highlights, a little (or a lot) about him/her...help us get to know him/her.
 - ❖ **Complete list of medals and ribbons awarded – most important!**

PLEASE MAIL THIS APPLICATION WITH THE REQUIRED CHECKLIST OF ITEMS TO:

OPERATION NEVER FORGET
ATTN: Statue Production Coordinator
947 W. FOLSOM AVENUE
SALT LAKE CITY, UT. 84104

For any questions, please call 801-366-5900 or contact your nearest State Coordinator

"Operation Never Forget is a charitable project under the United Charitable Programs (UCP), a 501(c)(3) nonprofit organization"