



**MEMORIAL WALL:
REQUEST AND PERMISSION FORM**

PERSON REQUESTING

Date: _____
Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/zip _____
Name of person in photo: _____ Others in photograph: _____

Relationship : _____

INQUIRY DETAILS

Write a short paragraph about your loved one that will be added below his/her picture. Please include the date of birth, age, date and cause of death.

PHOTOGRAPH AGREEMENT

The undersigned, understands, acknowledges and agrees that the above mentioned photograph will be used exclusively by Tobacco Control of Elkhart County.

Name: _____ **Date:** _____

(Original photos will be scanned and returned upon request)