

Faces of Angels, Inc.

PORTRAIT REQUEST FORM

Please fill out this form and print it as part of your request.

CHILD'S INFORMATION

Name: _____

Child's Eye Color: _____ Child's Hair Color: _____

Please either include a photocopy of the Death Certificate with personal identifying information blacked out such as the decedent's Social Security number, etc. or provide the information below:

Date of Death: _____ City: _____; State: _____

Name of Hospital: _____

Name of Funeral Home: _____

REQUESTING NEXT OF KIN INFORMATION

Requesting Family Member's Name: _____

Relationship: Mother; Father; Grandmother; Grandfather;

Other, please describe: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number (Primary): (_____) _____

Phone Number (Alternate): (_____) _____

E-Mail: _____

IF YOU ARE NOT NEXT OF KIN INFORMATION

Requesting Members Relationship: _____

Phone Number (Primary): (_____) _____

Phone Number (Alternate): (_____) _____

E-Mail: _____

Reason for requesting a portrait for this person:

SUBMISSION REQUIREMENTS

PHOTOS: We would like 3 to 5 color prints of your child. Sizes should be 4" X 6" or larger. Please do not send photocopies or originals. Head and face images are especially important. Bear in mind that the quality of the finished portrait depends greatly on the quality of the prints you send to us.

DESCRIPTION: Please provide a description of your child's personality and special interests (no more than two paragraphs). This will greatly enhance the spirit our artists will bring to the portrait, and helps them to feel more personally acquainted with your child.

Please fill out this Portrait Request Form and include it with the above prints and story.

Mail the above material via certified or registered U.S. Mail with return receipt requested (Required for your records as Faces of Angels, Inc. does not track individual submission dates or status).

If you would like your materials returned to you, please include an appropriate self stamped addressed envelope (SSAE) and we will return them as soon as possible.

Please send your information to: **Faces of Angels, Inc., 14311 Kauffman Avenue, Sterling, OH 44276.**

Use of Images

Faces of Angels, Inc. would like permission to post your portrait on the Faces of Angels website Gallery page. Portrait Owner grants Faces of Angels, Inc. the nonexclusive right to publish and reproduce the Portrait at the Faces of Angels website without further consideration. I also acknowledge that Faces of Angels, Inc. may choose not to use my Portrait at this time, but may do so at its own discretion in the future.

Check here for authorization: **Yes** **No**

Faces of Angels, Inc. would also like permission to use the Portrait in any Faces of Angels, Inc. publication for the sole use to benefit the mission of Faces of Angels, Inc. Portrait Owner grants Faces of Angels, Inc. the nonexclusive right to publish and reproduce the Portrait in Faces of Angels promotional publications without further consideration. I also acknowledge that Faces of Angels, Inc. may choose not to use my Portrait at this time, but may do so at its own discretion in the future.

Check here for authorization: **Yes** **No**

Confidentiality

Faces of Angels, Inc. understands that any information provided by you is to be kept confidential.

Faces of Angels, Inc. shall limit disclosure of Confidential Information within its own organization to its directors, officers, partners, members, employees and/or independent contractors (collectively referred to as "affiliates") having a need to know. Faces of Angels, Inc. and affiliates will not disclose the confidential information obtained from you unless required to do so by law.