

Memorial Article Inventory Sheet

Please, this Inventory Sheet must be completed, signed and returned either by scanning completed copy and emailing the file or by mailing the completed form. To be included with this form are the article, photo, and check (if you are ordering additional copies of the TAPS). Please send the article electronically on a CD or as an email attachment.

Mail to: Memorial Articles Editor; West Point Association of Graduates; 698 Mills Road, West Point, NY 10996

Phone: 800 232-4723 ext. 1577 • **Email:** memorials@wpaog.org

Full Name of the USMA Graduate: _____

Cullum Number & Class Year: _____ **Date of Birth:** _____

Date of Death: _____ **Place of Death (city & state):** _____

Remains are (choose only one unless more apply):

• **Interred** in (Cemetery, please include name, city & state):

• **Cremated** (check one): _____ Cremated & Inurned (Columbarium) _____ Cremated & Interred (Cemetery) _____ Cremated & Ashes scattered (Location)

(Name of Columbarium/Cemetery/Location; city & state): _____

Photograph instructions: *If more than one photo is submitted, please indicate preference for the main photo. Be sure to identify the photo on the lower left back corner.*

_____ Use Howitzer (USMA Yearbook); Photo/s submitted by (check one) _____ Mail _____ Email; **Please return** _____ OR _____ Place in WPAOG Class file archive

Name of legal Next of Kin: _____ **Relationship:** _____

Legal Next of Kin priorities are: living spouse, child, parent, sibling; no exceptions.

Address: _____

Phone: _____ Email: _____ Fax: _____

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To restrict publication to printed publications only, initial here _____.

Author's name and relationship to deceased: _____

Shall we cite the author(s) name at the bottom of the article (check one)?

_____ NO

_____ YES. How should the credit appear? _____

Author's address: _____

Phone: _____ Email: _____

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