



Legacy Lives On - Photograph Consent Form

Date: _____

Name of Requestor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

What is your relationship to the deceased: _____

Name of Deceased Loved One: _____ Gender: _____

Date Loved One Passed: _____ Cause of Death: _____

Additional Information: _____

Consent to Post or Use Photographs on Legacy Lives On Website or Other Publications

Signature

Date

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