

# PORTRAIT REQUEST FORM

Phone Assistance (435) 835-9429

## FALLEN HERO INFORMATION

Full Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Branch of Military Service: \_\_\_\_\_

Hometown and State: \_\_\_\_\_

Hero's Eye Color: \_\_\_\_\_ Hero's Hair Color: \_\_\_\_\_

Date/Location of Casualty: \_\_\_\_\_

## REQUESTING NEXT OF KIN INFORMATION

Requesting Family Members Name: \_\_\_\_\_

Requesting Family Members Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (primary): \_\_\_\_\_

Phone Number (alternate): \_\_\_\_\_

E-Mail: \_\_\_\_\_

## SUBMISSION REQUIREMENTS

**PHOTOS:** We require 3 to 5 color prints of your fallen hero, which will be returned to you with the completed portrait. Head and face images are especially important. Bear in mind that the quality of the finished portrait depends greatly on the quality of the photos you send to us, which serve as the reference for our artists.

**DESCRIPTION** of your fallen hero's personality (no more than two paragraphs, please): This greatly informs the spirit our artist will bring to the portrait and helps us to feel personally more acquainted with your hero. **E-MAIL SUBMISSIONS ARE NO LONGER ACCEPTED.**

**Mail the above material VIA *certified or registered* U.S. MAIL. (Required for your records as Project Compassion does not track individual submission dates or status) to:**

**Project Compassion,  
c/o Kaziah Hancock.  
P.O. Box 153  
Manti, Utah 84642.**

Authorization for Media Coverage: Yes \_\_\_\_\_ No \_\_\_\_\_