

Veterans Release Form



To be completed by Veteran or Civilian

(in cases of deceased veterans, to be completed by the donor of photo)

I, _____, am a participant in the WWII Veterans of Moore County Quilt Project (hereinafter “WWIIQP”). I understand that the purpose of the WWIIQP is to collect photographs and historical information on America’s war veterans and of those who served in support of them. The deposited materials will serve as a record of American veterans’ wartime experiences. I understand that the Moore County Department of Aging plans to retain the product of my participation as part of its permanent collection and that the photographs and historical information may be used for exhibition, future veterans programming, publication, presentation on Facebook and successor technologies.

I hereby grant to the Moore County Department of Aging rights to use the photograph and historical information as stated above. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I also grant to the Moore County Department of Aging my absolute and irrevocable consent for any photograph(s) provided by me or taken of me in the course of my participation in the WWIIQP to be used and/or published.

I agree that the Moore County Department of Aging may use my name, photographic image, statements without further approval on my part.

ACCEPTED AND AGREED

Signature _____ Date _____

Printed Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone (____) - _____

Veterans Photograph Log



Name of Veteran _____

Place _____ Date _____

Person(s) left to right

Description

Photographer (if known) _____

Veterans Biographical Data Form



To ensure inclusion in our WWII Veterans of Moore County Quilt Project, this form must accompany each submission. Please use a separate form or additional sheet for service in more than one war for any future Moore County Department of Aging Veteran Projects.

PLEASE PRINT CLEARLY

First	Middle	Last	Nickname
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Address _____

City _____ State _____ Zipcode _____

Phone (____) - _____ Email _____

Place of Birth _____

Branch of Service or Wartime Activity _____

Battalion, Regiment, Division, Unit, Ship, etc. _____

Highest Rank _____

Service dates _____ to _____

Locations of military or civilian service _____

Was the veteran a prisoner-of-war? YES _____ NO _____

Medals or special service awards. If so, please list (be specific):