

Memorial Article (MA) Approval and Submittal Form

WPAOG form used for MA approval and submittal is the **Memorial Articles Inventory Sheet**. It can be found at:

1. <http://www.westpointaog.org/>
2. Put cursor over "The Poop Sheets" (top gold bar, 2nd from right end).
3. Click on "TAPS: Memorial Articles."
4. Left column click on "Memorial Inventory Sheet" under Taps: Memorial Articles.

The MA Inventory Sheet is also copied below. This form is used by the Next of Kin to provide required information and publication permission when submitting the **Memorial Article**.

The form & the MA can be submitted initially by e-mail to memorials@wpaog.org. This is the preferred way to submit. Before publication of the MA can be scheduled a hard copy of the signed form, with a check for additional copies ordered, plus the completed MA (if not already provided by e-mail) must be sent to:

Memorials Articles Editor, West Point AOG
698 Mills Road
West Point, NY 10996

ACTION COORDINATORS:

Please explain to the NOK our wish that they NOT initial the sentence on the form that reads "To restrict publication to printed publications only, initial here_____." that immediately follows their signature in the permission block of the submittal form. Otherwise, we have to contact the NOK to secure permission to put the MA on the appropriate Cadet Company page of our '54 website. Contact your company MA Liaison or the Project Coordinator if you have questions.

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 Coordinator; West Point Association of Graduates; 698 Mills Road, West Point, NY 10996

Phone: 800 232-4723 ext. 1545 • **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: _____

To authorize publication of the enclosed Memorial Article in West Point AOG printed publications and non-password protected WPAOG and USMA Class websites sign here: **Next of Kin's signature:** _____

Date: _____

To restrict publication to print 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: _____

Next of Kin will receive a complimentary copy of the TAPS issue in which the memorial is published. If you would like additional copies, extra copies are \$15 for the first copy and \$12 for each additional copy mailed to the same address. Please purchase copies in advance as we order a limited amount of extra copies.

of additional copies: _____ Total \$ amount: _____

Please enclose payment when returning this Inventory Sheet. (check one) For your security, please, do not email credit card information.

Check (make payable to WPAOG) _____

Name & Billing Address for credit card:

Credit Card: _____ *MasterCard* _____ *Visa* _____ *American Express* **Card Number:**

_____ exp. date: _____