

Memorial Article Inventory Sheet

Please fill out the information requested. Include this form with the article, photo, and check (if you are ordering additional copies of TAPS).

Mail to: Memorial Articles Editor Phone: 800 232-4723 ext. 1577
West Point Association of Graduates; 698 Mills Road, West Point, NY 10996

Full Name of the USMA Graduate: _____

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

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

Remains are (complete one):

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

• Cremated (check one): _____ Inurned (Columbarium) _____ Interred (Cemetery) _____ Ashes scattered (Location)
(Please include name, city & state):

Photograph instructions: _____ Photo submitted (check one): Please return _____ or Place in WPAOG Class file archive _____
_____ Use Howitzer (USMA Yearbook) Photo

Name of Next of Kin: _____

Relationship: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

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Next of kin's signature: _____ Date: _____

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: _____ E-mail: _____

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