



## Quilt Release Form

Your Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, agree to allow TransLife to include a picture of my loved one's Quilt Square on [www.translife.org](http://www.translife.org). If I am enclosing a story, I agree to allow TransLife to use it for the purposes of the Memory Book and publication on the website.

My Quilt Square is in Honor of: \_\_\_\_\_

My Relationship to the Donor: \_\_\_\_\_

His/Her Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

- Print my name and my loved one's name along with my story. **Please note:** *Your loved one's name will be visible and search-enabled for anyone outside of TransLife to view. If you do not want your loved one's name visible, do not check this option.*
- Do not print my name/my loved one's name. Print only my story.

***If your loved one's name is on the quilt square or story, we cannot remove it. If you don't want any names visible, you should not complete and submit this form giving approval for viewing on our Web site.***

**Please mail completed form to:**  
TransLife Family Services Coordinator  
1560 Orange Ave, Suite 450  
Winter Park, FL 32789

Signature: \_\_\_\_\_

Date: \_\_\_\_\_