

# BRUSH OF LIGHT

## MEMORIAL ART INQUIRY & CONTACT CONSENT FORM

This form is completely optional and used only to allow the artist to contact you with more information. There is no obligation to proceed.

FAMILY / CONTACT INFORMATION	
Primary Contact Name	
Relationship to Loved One	
Phone Number	
Email Address	
Preferred Method of Contact (Phone / Email / Either)	
Best Time to Reach You	
SERVICE INFORMATION (OPTIONAL)	
Name of Loved One Being Honored	
Date of Viewing or Service	
Funeral Home / Location	
CONSENT TO BE CONTACTED	
Signature	
Printed Name	
Date	
FOR FUNERAL HOME USE ONLY	
Funeral Home Name	
Staff Member (Optional)	
Date Shared with Artist	

*Privacy Note: Contact information provided on this form will be used solely to respond to this inquiry and will not be shared or used for marketing purposes.*