

## Honoring Our Fallen

### Hero Holiday and Hero Birthday Family/Child Application form

Please fill out and sign the application at the bottom of the form and include a copy of the Report of Casualty and/or the Casualty Officer Information on form. All information provided will be for Honoring Our Fallen, Inc. official use only. Children must be legal dependents, 18 years old or under of Military personnel who have died while serving in the United States Military.

#### Your Information:

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

Your relation to the deceased: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

#### Children (17 years old or under) of the Fallen Hero who qualify as a dependent and are under your legal custody:

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

#### Fallen Hero information:

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

Military Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Casualty Assistance Officer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please let us know if you can provide us with pictures of your child/children with or without their Fallen Hero or pictures of your children at Christmas opening presents provided by Honoring Our Fallen Inc. The pictures will only be used to further our efforts to provide additional assistance for your children and the other Children of Fallen Military. You will find a link to a simple Media Release form below. A desire to not provide photos will NOT affect your application for participation and consideration for support in any way. We respect the privacy concerns of those who choose not to provide photos.

\_\_\_\_\_ Yes, I would like to assist Honoring Our Fallen in its fund raising efforts by providing pictures of my children as described above. Please print out the Media Release Form and send to the address below along with your application.

\_\_\_\_\_ No, I would not like to provide pictures at this time.

**By signing below you swear that all application information provided above is correct.**

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

**Mail form and Report of Casualty to:**

Honoring Our Fallen  
12111 Saint Mark St.  
Garden Grove, CA 92845

**Important Note:** Please e-mail HOF at [laura@honoringourfallen.org](mailto:laura@honoringourfallen.org) or call 800---796---6359 to let us know you have mailed the form. Applications can get lost in the mail. We do not want your children to miss out on our programs.