



OASC Senior Legacy Recognition Program

Honoree Information Form

Part I: Honoree Profile Information

Basic Information:

Full Name:

Preferred Name:

Birth Year:

City/State:

Phone:

Email:

Recognition Category:

- Distinguished Senior (80–89)
- Legacy Leader (90–99)
- Centenarian Legacy Circle (100+)

Emergency/Family Contact:

Name:

Relationship:

Phone:

Email:

Part II: Biography Information Form

Personal History *(Use additional pages if necessary)*

1. Birthplace:
2. Education:
3. Career/Profession:
4. Military Service (if applicable):
5. Church/Religious Affiliations:
6. Community Organizations:
7. Awards and Honors:
8. Family Information:
9. OASC Membership Information:

Part III. Oral History Questionnaire

(Use additional pages if necessary)

1. What accomplishment are you most proud of?
2. What historical events have had the greatest impact on your life?
3. What changes have you witnessed in your community?
4. What advice would you give younger generations?
5. What does OASC mean to you?
6. Is there a story or memory you would like preserved?
7. What would you like your legacy to be?

Part IV: Photo, Biography, Oral History & Media Release

Permission Granted

I authorize OASC to use the following materials:

- | | |
|---|---|
| <input type="checkbox"/> Photograph(s) | <input type="checkbox"/> Website Publication |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Social Media Publication |
| <input type="checkbox"/> Oral History Interview | <input type="checkbox"/> Newsletter Publication |
| <input type="checkbox"/> Audio Recording | <input type="checkbox"/> Press Releases |
| <input type="checkbox"/> Video Recording | <input type="checkbox"/> Recognition Event Photos |

Age and Birthday Preferences

Please select one:

- Publish exact age
- Publish age category only (80+, 90+, 100+)
- Publish birth year only
- Do not publish age information

Please select one:

- Publish birthday/month
- Do not publish birthday information

Publication Preferences

- I approve publication of my name
- I approve publication of my photograph
- I approve publication of my biography
- I approve publication of oral history materials

Signature:

Date:

Part V: Archival Retention Policy:

Honorees recognized through the OASC Senior Legacy Recognition Program may remain permanently displayed in the OASC historical archives. Following an individual's passing, profiles may be transferred to the Eternal Legacy Archive, where biographies, photographs, oral histories, and records of service may be preserved as part of OASC's historical record.

Part V: Certification of Information

I certify that the information provided in this questionnaire is true and accurate to the best of my knowledge. I understand that the information may be used to prepare biographical materials, oral history records, recognition programs, and historical archives associated with the OASC Senior Legacy Recognition Program.

Signature:

Printed Name:

Date:

If completed by an authorized family representative:

Representative Name:

Relationship to Honoree:

Signature:

Date:

Media & Publication Authorization

I authorize OASC to publish and preserve approved photographs, biographies, oral histories, recognition materials, and related content in accordance with the permissions indicated in this form.

Signature:

Date: