



We are committed to saving lives by preventing overdoses in the Sacramento region. This memorial poster project will put faces to the excessive overdoses in Sacramento, helping increase awareness and education of the risks of opioid and prevent opioid overdoses.

I, _____ give permission to the Sacramento County Opioid Coalition to use the likeness of my

_____ relationship to above

_____ name of person to be exhibited

for the purpose of educational and informational awareness of the costs of addiction, as the Sacramento County Opioid Coalition sees as appropriate for the Gone Too Soon Memorial Project. I understand likeness will be used in-person and virtually. I am aware that I can revoke this permission at any time by emailing Lauren Werner at lwerner@ssvms.org.

Signed _____ Date _____

Printed Name _____

Email Address _____

City _____ State _____ Zip Code _____

First Name to be used on Poster _____

Town of residence _____

Year of birth

Year of Passing

Please complete page 2

Please share stories and memories of your loved one.

How would you best describe their personality?

Tell us what about them made you proud?

How do you want them remembered?