

# MEMORIAL APPLICATION

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## QUALIFYING CRITERIA

**Please note: Wishes & More provides Memorial Grants to families who have lost a child. To qualify for a Memorial Grant, the application must be received within 14 days of the child's death and the deceased child must meet the following criteria:**

- Did not reach their 19<sup>th</sup> birthday,
- The child was a resident of Minnesota, received treatment for a life-threatening condition in a Minnesota medical facility, or was in Minnesota at the time of death,
- Did not receive a wish from Wishes & More or **any other** wish granting organization.

If you have questions, please call our office at 763-502-1500.

## CHILD INFORMATION

Name: \_\_\_\_\_ Gender: **Male** **Female** **Other** \_\_\_\_\_

*First Middle Last*

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause of Death (optional): \_\_\_\_\_

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

*Street Address City State Zip Code County*

CaringBridge Site Address (if applicable): \_\_\_\_\_

## FAMILY INFORMATION

Parent/Legal Guardian: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

Mother Father Other: \_\_\_\_\_ Mother Father Other: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

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

Primary Language(s): \_\_\_\_\_ Primary Language(s): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Veteran? **Yes** **No** Active Inactive Veteran? **Yes** **No** Active Inactive

Preferred contact person: \_\_\_\_\_ Preferred contact method: **Phone** **Email** **Text**

Sibling(s) Name & DOB: \_\_\_\_\_

Did the child reside with both legal guardians? **Yes** **No** If no, additional forms may be needed.

## VERIFICATION

Wishes & More is required to verify the date of death. Please provide information for one of the options below.

Funeral home handling arrangements: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact name (child's physician, nurse, social worker etc.): \_\_\_\_\_

## REFERRAL INFORMATION

Please let us know who referred you to Wishes & More.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_



**MEMORIAL APPLICATION****Page 3 of 3****Child's Name:** \_\_\_\_\_**RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION, HOLD HARMLESS**

In consideration of Wishes & More considering the Memorial Grant and, if it so determines, granting the memorial, the Recipients hereby forever release and agree to indemnify and hold Wishes & More and its volunteers, officers, directors, employees and agents harmless for, from, and against any and all liabilities, damages, losses, costs, attorneys' fees and disbursements, and claims (collectively, "Claims") of any kind, known and unknown, which may be heretofore, now or hereafter, connected with, result from, or arise out of the consideration, preparation, processing, timing, disclosures, publicity, fulfillment, or participation in the memorial. This includes, but is not limited to, Claims involving economic loss and to claims relating to negligence or intentional or willful acts or omissions, or otherwise. The scope of this Release and Authorization shall include, but not be limited to photographs and physical or emotional distress or injury of any kind. Furthermore, Recipients agree that the scope of this Release and Authorization shall also include, but not be limited to, the same, which may be connected with or caused to other persons.

**AUTHORIZATION TO OBTAIN INFORMATION**

The parent(s) or legal guardian(s) of the child, grant Wishes & More permission to obtain information regarding the death of the child that Wishes & More deems necessary for consideration or fulfillment of the Memorial.

**REQUIRED SIGNATURES**

**Memorial Grant should be made payable to:** \_\_\_\_\_

I understand and agree:

1. That no promises, representations, or assurances whatsoever have been made to me by any representative of Wishes & More regarding the requested Memorial Grant.
2. That the granting of any Memorial is contingent upon approval by Wishes & More, as well as full compliance with all conditions, qualifications, and restrictions designated by Wishes & More.
3. That all individuals with parental or custodial rights for the child must sign this application before it is granted and must sign all necessary documents.
4. That the receipt of a Memorial may impact the eligibility for public assistance and/or other benefits. Wishes & More does not report to any agencies and any reporting is the responsibility of the recipient.
5. The individual(s) to whom this check is issued has indicated he/she/they were, at the time of death, the legal guardian and Wishes & More cannot be held liable for issuing this check to the wrong party.

I/we hereby guarantee that I/we have read and understood the foregoing Memorial Application Form, including, but not limited to, the Release and Authorization, and have executed it knowingly, freely and voluntarily, and that I/we have full and complete authority to bind myself/ourselves to all provisions herein and confirm that all information in connection with this Application is true and correct.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Parent/Legal Guardian Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Please Print Name*\_\_\_\_\_  
*Please Print Name*