



M\_\_\_\_\_

# 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,
- At the time of death, the child was a Minnesota resident; was receiving treatment in a Minnesota medical facility, or was in Minnesota,
- 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: \_\_\_\_\_

**Child's Name:**

Please help us get to know the child. Tell us what you would like us to know about their favorite things or places, favorite stories or memories, or anything else you would like to share about their unique personality. Please feel free to add additional pages.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

As part of its routine operations, Wishes & More promotes the work it does, including the memorials it grants, via electronic and print media including newsletters, brochures, annual reports, websites, social media posts, etc., which can include the Recipients' names, likeness, and other information.

Child's parent(s)/guardian(s), please initial one option below.

\_\_\_\_\_ Recipients authorize Wishes & More to publicize the Memorial Grant.

\_\_\_\_ Recipients do NOT authorize Wishes & More to publicize the Memorial Grant.

*Please note even without authorization, the Memorial Grant may result in publicity beyond the control of Wishes & More. Wishes & More will still necessarily share information to carry out the grant and may promote the grant generally without identifying the Recipients.*

By initialing this Release and Authorization, all recipients agree to be bound by the "publicity option" chosen by the child's parents or legal guardians.

## MEMORIAL APPLICATION

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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.

**Wishes & More will not provide a Memorial Grant to a recipient who has received a wish from another wish granting organization. I attest that the wish recipient has not received a wish from another organization.**

Initials: \_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date