Wishes & More®

M_____

MEMORIAL APPLICATION

QUALIFYING CRITERIA

Wishes & More provides Memorial Grants to families who have lost a child. To qualify for a Memorial Grant, the application must be received within 30 days of the child's death, and the deceased child must meet the following criteria:

- The child was born alive and did not reach their 19th birthday,
- At the time of death, the child was a Minnesota resident; was receiving treatment in a Minnesota medical facility, or was in Minnesota,
- The child 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 not, another form 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: _____

Wishes & More®

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MEMORIAL APPLICATION

Child's Name: _____

ADDITIONAL CHILD INFORMATION

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.

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PUBLICITY AUTHORIZATION

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.

Wishes & More®

M_____

MEMORIAL APPLICATION

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*

*We will need signatures from **both legal guardians.** If this is not possible, please let me know so we can discuss other options.*