

Primary Children's Hospital Memorial Tribute Registration Form

Instructions PLEASE READ

Please fill out this [Registration Form](#) and the [Authorization and Release Form](#) and submit them along with two [JPEG photos of your child](#) by **March 25, 2024**. You may submit the forms and photos by either:

1. Scanning the forms and attaching the JPEG photos and email them to Memorial@imail.org
These forms are also available online at www.primarychildrens.org/memorialtribute
2. Mailing the completed forms and photos using the enclosed envelope

Today's Date:

Parent/Guardian Information

Name:

Phone number:

Email address:

Mailing Address:

City:

State:

Zip code:

Child's information

Child's name as it should be printed in the program and video: Special instructions on child's name pronunciation:

Child's date of birth:

Child's date of death:

Photograph

- Your child's photograph will be used in the Memorial Tribute video
- Send two **jpeg** file photos to Memorial@imail.org
- Please write your child's name in the subject heading of the email.

Video Note/Message

Please tell us in **20 words or less** something special about your child (a memory, special qualities, likes, dislikes, nickname, favorite activity). This will be included in the video with your child's photo. **Please note that due to limited space please keep your remarks to 20 words or less. If the words exceed the 20-word limit, we may need to edit them in order to fit them into the video format.**

Attendance

I (we) will be attending the Memorial Tribute. Number of attendees: ____

I (we) won't be attending in person but would like our child included and a link to watch the Memorial Tribute recording sent to us.

Yes, I (we) will be using the childcare offered during the Memorial Tribute. Children must be toilet trained & between 3-8 years of age.

Number of children:

Ages of the children:

If you have questions, please email Memorial@imail.org.