**Primary Children’s Hospital Memorial Tribute**

**Registration Form**

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| **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 24, 2025**. 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](http://www.primarychildrens.org/memorialtribute)1. Mailing the completed forms and photos using the enclosed envelope
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| **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.
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| **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.**

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| **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. |
| If you have questions, please email memorial@imail.org. or call 801-662-3778 |