Please fill out this form and email it to support@manitobacandlelighters.org or mail to:

Candlelighters Childhood Cancer Support Group PO Box 48135 Lakewood PO Winnipeg, MB R2J 4A3

Referral information (referral must be from a social/child	life worker or nurse)	
Date:		
Name of Social/child life worker/nurse:		
Title:		
Hospital/Treatment Centre:		
Phone:		
Email:		
Have you referred families to our Benevolent Fund before?	YES	NO
Family Information		
Full Name of Child:		
Please provide a brief history of the child's illness:		
Has the family been approved for any other sources of financial support for this funeral? If so, please list the organization(s) and the amount(s):		
Mother's name, first and last:		
Father's name, first and last:		
Family mailing address:		
Please read and accept the following statement		
It is to the best of my knowledge that the information provided situation of the family in need.	l in this application accurated	ly represents the current
Signature of applicant:		