



# Wedding Wish Application

Please fill out all required information before submitting. **Incomplete forms will not be considered. The more information you give us the better able we are to consider your application.**

We will contact you for further information, if necessary.

**Weddings are granted to those couples where one or both parties are battling a terminal illness, with less than 5 years' life expectancy.**

**Applications are open all year throughout Australia**

**PLEASE DO NOT APPLY IF YOU DO NOT MEET THE REQUIREMENTS (if you're unsure, please send us an email to [ceo@myweddingwish.org](mailto:ceo@myweddingwish.org))**

*Applicants must comprehend, agree to and comply with the terms of all applications and contracts they sign throughout the wish granting process*

## WHAT WISH ARE YOU APPLYING FOR?

- Legal Wedding\*\*
- Same sex commitment ceremony

*\*Medical circumstances will need to be verified*

*\*\* Please note that all legal requirements must be fulfilled before a wedding conducted under the Marriage Act 1961 can be solemnised. If the successful recipients cannot fulfil all legal requirements, a legal wedding cannot be conducted.*

Do both parties agree to submit information and consent for a background check\*?

- Yes
- No

If your Wedding Wish is granted, what date and region/state would you like the ceremony to take place? (ceremonies must be between Monday and Thursday unless otherwise agreed)

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This application is in four sections :

1. The couple's contact information
2. General information about the couple and their relationship
3. Medical history
4. Agreement to My Wedding Wish terms and conditions





## Section 1 CONTACT INFORMATION

Please fill out your contact details below. The applicant is the person with the terminal illness.

### ABOUT THE WISH APPLICANT

Full name .....

Nickname/preferred name .....

Home address .....

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State ..... P/code .....

Contact number .....

Contact email .....

Date of birth .....

Marital status .....

### ABOUT THE PARTNER

Full name .....

Nickname/preferred name .....

Contact number .....

Contact email .....

Date of birth .....

Marital status .....

Do both the applicant and the partner understand English? Yes  No

Who would like to be the main contact for all correspondence? .....

## Section 2 ABOUT THE COUPLE

In a separate document (typewritten) – please answer the following questions:

1. Tell us how you met and your love story
2. What makes your relationship special?
3. What obstacles, loss or hardship have you been faced with?
4. How do you foresee the future?

**Please attach to the application a favourite current photo of you both**





### Section 3 MEDICAL HISTORY

Has the applicant been diagnosed with a terminal illness?  Yes  No

Clinical name of illness .....

Has the applicant been given a prognosis of less than five years?  Yes  No

Supervising Physician's name .....

Supervising Physician's address .....

Supervising Physician's contact number .....

Do you give us permission to contact your physician?  Yes  No

*(Due to privacy issues, you will need to let the Physician know we may contact them. If you do not wish us to contact your physician, you will need to provide other information to confirm your illness).*

Is the applicant under hospice/palliative care?  Yes  No

If yes, how long have you been in care? .....

What is the name and address of the hospice? .....

Please describe current patient wellbeing (attach more information if required)

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What are your current medical treatments? (attach more information if required)

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## Section 5 WISH AGREEMENT

Please note any doctor’s prognosis must be confirmed in writing to My Wedding Wish Ltd

Are you both Australian citizens?  Yes  No

Are you both over 18 years of age?  Yes  No

Do you agree to provide Doctor’s confirmations or other references if requested?  Yes  No

Do you agree that the ceremony is limited to 30 guests\*?  Yes  No

Do you understand you cannot choose your own vendors?  Yes  No

Do you understand the gift is not transferrable, and it is not redeemable for cash?  Yes  No

Do you understand that you may incur expenses in conjunction with your wedding wish\*  Yes  No

Are you willing to provide vendors with credit card details for incidentals not provided in their donation\*  Yes  No

Are you willing to participate in any PR for My Wedding Wish?  Yes  No

Do you consent to media attention for your ceremony?  Yes  No

Do you consent to your photographs being used in media/ Advertising by My Wedding Wish or suppliers?  Yes  No

Have you given honest information to My Wedding Wish?  Yes  No

*\*If you would like more guests, or if you would like to upgrade the packages offered by suppliers, this can be arranged, however there may be expenses payable by the applicants prior to the wedding.*

There are no guarantees what aspects of the wedding / commitment ceremony will be gifted. Typically, My Wedding Wish arranges the ceremony only and very rarely are receptions gifted.

All travel for this wish will be the responsibility of the wish recipients.





**How did you hear of My Wedding Wish?**

- Facebook
- Doctor/Carer/Hospital/Hospice
- Television
- Radio
- Newspaper
- Wedding suppliers
- Other (Please let us know) .....

My Wedding Wish reserves the right to cancel a wish for any reason, after it has been granted. This cancellation can be due to false information provided by the wish applicant, the applicant breaking any part of the Wedding Wish Contract, information coming to Wedding Wish regarding the recipient or family member’s ability to pay for the event hosted by Wedding Wish.

I acknowledge My Wedding Wish’s right to cancel the wish  Yes  No

If the My Wedding Wish applicant is unable to fill out this information on their own, please indicate the name, phone number and email of the person who did fill out the application and the main contact person for this application.

Name .....

Contact number .....

Contact email .....

**THANKYOU YOU, PLEASE SAVE and SUBMIT THIS DOCUMENT AS FOLLOWS:**

Applicant’s last name, Applicant’s first name: for example an application from John Doe would be saved as a document titled: Doe, John Wedding Wish Application

**EMAIL TO US:** [ceo@myweddingwish.org](mailto:ceo@myweddingwish.org), with the name of the applicant in the subject line (SURNAME FIRST, Eg. Doe, John). **DON’T FORGET** to attach the supporting documents AND a photo. We will acknowledge receipt of your applications within one working day of receipt. We will acknowledge all submissions.

My Wedding Wish applications are approved/declined by its Board of Directors, and you will be advised as soon as practicable after receipt of the application of the outcome. For further information please email [ceo@myweddingwish.org](mailto:ceo@myweddingwish.org) or phone Lynette on 0400 595 679

