



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 have been diagnosed with a terminal illness, with less than 5 years' life expectancy.* Please ask if you're not sure.

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)

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

THE WISH YOU ARE APPLYING FOR

*Please note that written medical proof from a GP, oncologist or other medical professional will need to be supplied prior to the wish being granted

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 – in some cases commitment ceremonies may be considered

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

- Yes
- No

What is your ceremony wish?

- Hospital/Hospice/bedside ceremony
- Small elopement style ceremony
- Large white wedding style ceremony
- Other (please explain)

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)

- ASAP Please
- Other





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

ABOUT THE PARTNER

Full name

Full name

Nickname/preferred name

Nickname/preferred name

Home address

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State P/code

Contact number

Contact number

Contact email

Contact email

Date of birth

Date of birth

Marital status

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 diagnosis and prognosis MUST be confirmed in writing to My Wedding Wish.

- 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 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?* (eg. if you would like more than suppliers are willing to gift) 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
- Have you given honest information to My Wedding Wish? Yes No

*There are no guarantees what aspects of the wedding ceremony will be gifted. Typically, My Wedding Wish arranges the ceremony only and very rarely are receptions and honeymoons gifted. However, all gift offers are passed onto our Wish recipients.

In applying for a gifted wedding through My Wedding Wish, I understand and agree to the following:

- We consent to media attention and exposure (if you're uncomfortable about this, please let us know – the level of media attention can be varied) Yes
- We consent to our photographs being used in media or advertising, and on the website and social media of My Wedding Wish and their suppliers Yes

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





How did you hear of My Wedding Wish?

- Facebook/social media
- Doctor/Carer/Hospital/Hospice
- Television
- Radio
- Newspaper
- Wedding suppliers
- Other

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 My Wedding Wish Contract, information coming to My Wedding Wish regarding the recipient or family member’s ability to pay for the event hosted by My 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 if they are 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, 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 application within one working day of receipt. We will acknowledge all submissions. If no receipt is received, please assume the application has not been received. My Wedding Wish applications are approved/declined by a minimum of three Board members, 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 or phone Lynette on 0400 595 679.

