



The Alyssa Araiza  
"Wings of Angels" Organization  
Dedicated to Children with Cancer and Serious  
Illness

*Application*

**CHILD'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ILLNESS** \_\_\_\_\_ **DATE DIAGNOSED** \_\_\_\_\_

**HOSPITAL/DOCTOR** \_\_\_\_\_

**CHILD LIVES WITH:**

**MOTHER** \_\_\_\_\_ **FATHER** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**MOTHER'S NAME/EMPLOYER** \_\_\_\_\_

**FATHER'S NAME/EMPLOYER** \_\_\_\_\_

**SIBLINGS/AGES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return forms to : Wings of Angels, 6907 Weeks Road  
Redding CA 96002  
530-378-2373

[alyssaswingsofangels.org](http://alyssaswingsofangels.org)

