



## ABSENT PARENT FORM

I, \_\_\_\_\_, father/mother of \_\_\_\_\_,  
hereby represent to the Make-A-Wish Foundation® that:

1. The situation indicated below applies to me:

My child's other biological parent, \_\_\_\_\_, does not live in our household, does not take an active part in the child's upbringing, has not been in contact with the child or me for more than \_\_\_\_\_ years, and I am not aware of any means of contacting him/her; OR

My child's other biological parent, \_\_\_\_\_, is deceased. He/she passed away on \_\_\_\_\_; OR

I do not know the identity of my child's biological father.

2. I understand that, for legal and other reasons, the Make-A-Wish Foundation requires all individuals with parental or custodial rights for a child to approve the child's wish, or participation in a wish, and to sign various documents including a Liability Release and Authorization Re: Medical Information and Publicity form (the "Release and Authorization");

3. In light of the above circumstances, I take full responsibility for signing the Release and Authorization and other documents so that my child may have his/her wish granted, or be allowed to participate in a wish, and I indemnify and hold the Make-A-Wish Foundation harmless for, from and against any adverse consequences that may result from my signing the documents alone.

I declare under penalties of perjury that the information set forth herein is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Parent's signature]