



BROWARD VICTIM'S RIGHTS COALITION

Garden of Reflection: A Place for Remembrance Application

Victim/Survivor Legal Name: _____

Person Making Application (if different than above): _____

Applicant's Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Qualifying Relationship to Victim: _____

Guardian and Legal Next of Kin must provide legal documentation.

Victim/Survivor Name: _____

(Please print name as you wish it to appear)

Date Crime Occurred: _____ Type of Crime: _____

Did the crime occur in Broward County? Yes No

Do you reside in Broward County? Yes No

Proof of Victimization (Please attach):

- ☐ Police Report
- ☐ Permanent Injunction
- ☐ Other Documentation (specify): _____

Was victim/survivor found eligible for Crime Victims Compensation: Yes No

If so, please provide case number assigned to claim: _____

BVRC Referral Name: _____

(Must be a member in good standing)

BVRC Member Contact Information: _____

(Phone/Email)

BVRC Member Signature/Date: _____

(BVRC Member in good standing only)

Victim/Survivor Signature/Date: _____

By signing this form you are verifying that the information provided is valid to the best of your knowledge. In addition, you consent to the release of all pertinent information requested to be given to the BVRC Garden Committee for this information to the BVRC Garden Committee for consideration of your application. If this application is approved a \$75 fee will be required to pay the costs of engraving.

Mail to: BVRC, PO Box 421, Fort Lauderdale, FL 33302