

Attach photo here

Recipient	
Name:	Date:
Address:	
Birth date:	Gender:
Briefly describe challenge (for the deceased, please give the date, time, and location of his or her passing):	
Any specific request (do not need if for the deceased):	
Requester if different from the Recipient	
Name:	
Address:	
Email of person initiating request:	
<input type="checkbox"/> I have enclosed a check for the \$50 fee <input type="checkbox"/> I paid the \$50 fee via Paypal to <a href="mailto:clinic@juniperpath.org">clinic@juniperpath.org</a>	

**Privacy Statement:** Please note we will not share your information with third parties or use it for purposes inconsistent with this request.

**Mail to:** JUNIPER, 840 Seminole Way, Redwood City, CA 94062  
For more information call (650) 299-9333 or visit us at [www.juniperpath.org](http://www.juniperpath.org)