



BURNED OUT SURVIVORS' FUND

A NON-PROFIT CHARITABLE ORGANIZATION

P.O. BOX 15185 / SAN ANTONIO, TX 78212 / (210) 472-1717 / FAX (210) 785-0543

A Fire Fighter Supported Charity

BURN APPLICATION FOR ASSISTANCE

DATE OF APPLICATION: _____

DATE OF BURN: _____

ADDRESS WHERE YOU WERE BURNED: _____

CITY: _____ ZIP: _____

PERSON BURNED INFORMATION:

SSN: XXX-XX-____ LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE#: (____)-____ CELL#: (____)-____ Email: _____

EMPLOYER: _____ PHONE#: (____)-____

WHAT PART OF THE BODY WAS BURNED: _____

HOW DID THE BURNS OCCUR: _____

HOW DID YOU HEAR ABOUT US: _____

HOW CAN WE HELP: _____

NAME OF PERSON MAKING APPLICATION, IF DIFFERENT FROM ABOVE:

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP: _____

PHONE#: (____)-____ CELL#: (____)-____ Email: _____

BY ENTERING MY FULL NAME IN THE BLANK BELOW, I CERTIFY THAT THE ANSWERS I HAVE PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ (REQUIRED)