

# Burn Injury Medical Financial Aid Application

## Personal Information

Full Name

Date of Birth

Gender

Address

City

Phone Number

Email Address

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## Burn Injury Details

Date of Injury

Cause of Burn Injury

Location of Injury (Body Parts)

Severity of Burn

Current Treatment Details

## Financial & Medical Aid Information

Hospital Name

Doctor in Charge

Total Medical Expenses (So Far)

Amount Requested

Other Aid Received (if any)

Reason for Financial Support

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## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

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