



ELIZABETH TUDOR FOUNDATION, INC.

Request Form

Please print or type legibly in black ink. Fill out all paragraphs. Incomplete request form will NOT be reviewed. Attach a copy of supporting documents.

PERSONAL INFORMATION

NAME _____
First Middle Last

DATE OF BIRTH ____/____/____ GENDER ____
Month Date Year Male Female

SSN (if any) _____ NATIONALITY _____

ADDRESS _____
Street City & State Zip Code & Country

PHONE (____) _____ EMAIL _____
Cell

SIGNATURE _____ DATE ____/____/____
Month Date Year

SUPPORTING DOCUMENTS

Please send with your request form a copy of the following documents:

For DOMESTIC request:

- Proof of Residency (copy of Birth Certificate, or Green Card)
- Proof of Age (copy of ID, Driver License, Passport, or other government issued photo ID)
- Any other documents supporting your personal statement

For INTERNATIONAL request:

- Proof of Residency (copy of National ID **AND/OR** Passport)
- Proof of Age (copy of ID, Driver License, or other government issued photo ID)
- Any other documents supporting your personal statement

**PLEASE SEND REQUEST FORM WITH SUPPORTING DOCUMENTS TO
ELIZABETH TUDOR FOUNDATION, INC.**

DOMESTIC REQUEST SEND TO:

P.O. Box 972777
Miami, FL 33197-2777

INTERNATIONAL REQUEST SEND TO:

Email address: info@elizabethtudorfoundation.org

OFFICE USE ONLY

REQUEST RECEIVED ____/____/____ DOMESTIC YES ____ NO ____
Month Date Year

REVIEWED BY _____
First Name Last Name

REQUEST NUMBER _____ STATUS _____

DATE OF REVIEW ____/____/____ SIGNATURE _____