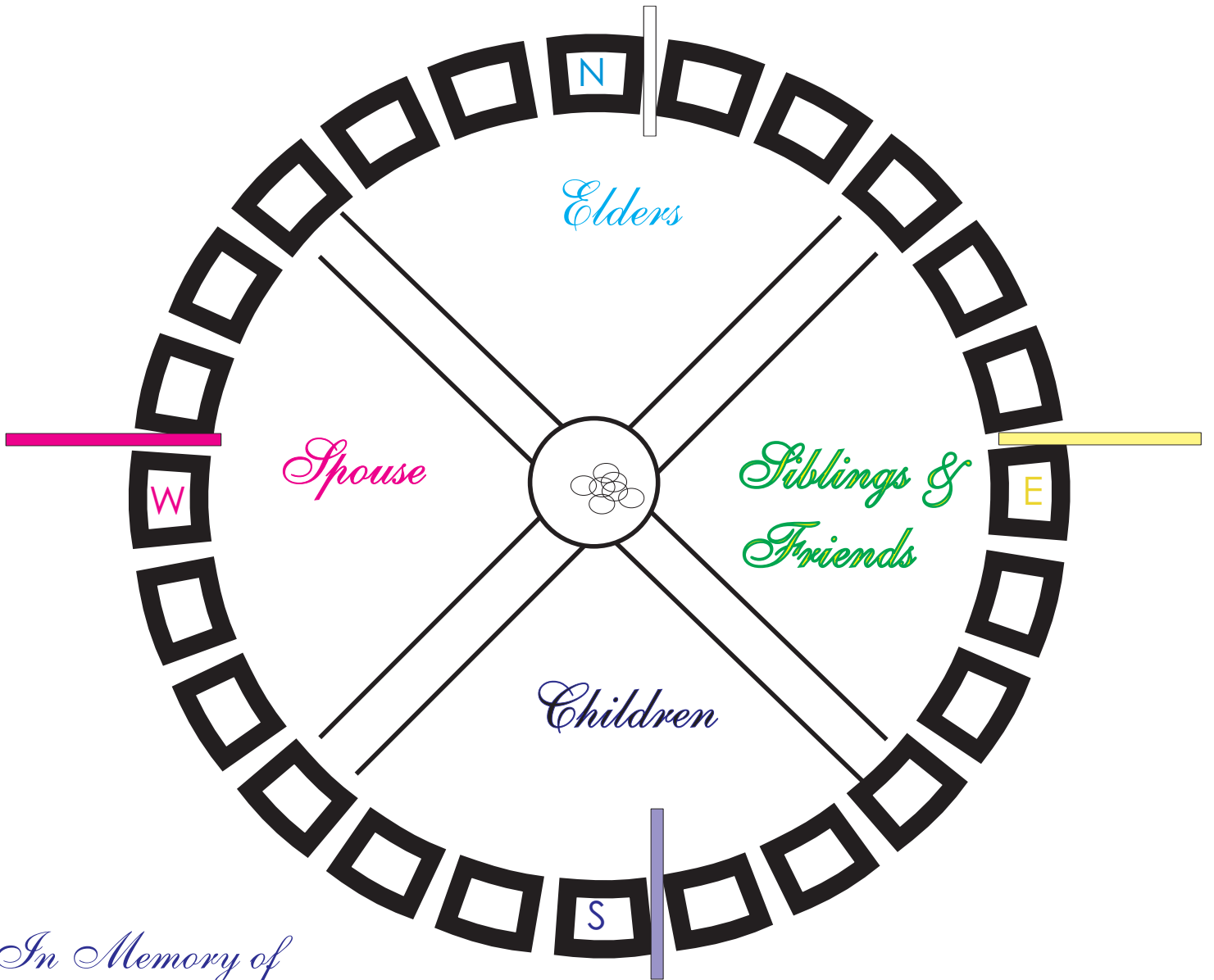


# Living Memorial Garden for the Victims of Medical Harm



*In Memory of*  
*Name* \_\_\_\_\_

*Birth date* \_\_\_\_\_

*Death date* \_\_\_\_\_

*Residence* \_\_\_\_\_

- Children*
- Sibling / Friend*
- Spouse*
- Elders*

*(Parents, Grandparents, Aunts, Uncles, etc.)*

- I am prohibited from identifying the one I love & request anonymously that a flower be planted*
- In honor of patient safety advocate \_\_\_\_\_ (woodlands garden)*
- In recognition of a Survivor of medical harm \_\_\_\_\_*

*To have a flower planted in memory of a loved one, complete this form and send it to:*  
*Becky Martins · PO Box 273 · Warren, ME. 04864*