



APPLICATION FOR TRANSPORTATION ASSISTANCE

Philae Shriners
PO Box 9050, Sta "A"
Halifax, NS B3K 5M7

Ph: (902) 454-7811
Fax: (902) 455-8963
Email: philaeshriners@eastlink.ca

PLEASE PRINT

_____ Last Name (patient) _____ First Name (patient)

_____ Address

_____ City _____ Province _____ Postal Code

Sex: Male Female Date of Birth: _____
DD MM YEAR

Name of Father: _____
Last Name First Name

_____ Address (if different than patient's)

_____ City _____ Province _____ Postal Code

(902) _____ Telephone No. (home) (902) _____ Telephone No. (work) (902) _____ Telephone No. (other)

Email: _____

Name of Mother: _____
Last Name First Name

_____ Address (if different than patient's)

_____ City _____ Province _____ Postal Code

(902) _____ Telephone No. (home) (902) _____ Telephone No. (work) (902) _____ Telephone No. (other)

Email: _____

