

SUDC SIBLING PEN PALS

If you are between the ages of 6 to 18, and would like to write to someone else who has had a brother or sister die of Sudden Unexplained Death in Childhood (SUDC), please complete this form and send it in the postage stamped envelope addressed to:

**SUDC program c/o CJ Foundation for SIDS
Don Imus- WFAN Pediatric Center
Hackensack University Medical Center
30 Prospect Ave.
Hackensack, NJ 07601**

Or you can email the form to: info@sudc.org

(Please answer all the questions below. Please print)

Name: _____ Male _____ Female _____

Your Date of Birth: ____/____/____

Address: _____

City, State & Zip: _____

Phone: () _____ E-mail: _____

Name of brother/sister who died: _____

Please use the space below to tell us anything else that you want us to know about you (ex. How old you were when your brother/sister died). We will do our best to find a good match for you.

(If you need additional space, please feel free to attach additional pages)

Would you prefer to write via regular mail _____, or e-mail _____?

Adults may not sign up for a child/youth. Child/Youth will do this for themselves, but will need adult permission.

I, _____ (parent/guardian) give permission for _____ (child) to participate in the SUDC Pen Pal Program. I understand that my child will be matched with another child through this program based on certain criteria. Although the SUDC program will make reasonable efforts to judge the appropriateness in the matching process, it is impossible to screen extensively. I understand that the SUDC program will provide my child's name, address and information about their sibling who died to their pen pal. I also understand that I should assist my child with this activity of exchanging letters.