



Request For Financial Assistance for Infants

ALL AREAS MUST BE FILLED OUT COMPLETELY

Today's Date: _____ Date of Services _____ State of Residence: _____

Baby's Full Name: _____ Gender: (Circle one) Male / Female

Birth Date & Time: _____ Death Date & Time: _____ Age at time of death: _____

Was Baby Full Term: (circle one) Yes / No If No, Number of Weeks of Gestation: _____

Was baby selectively terminated: (circle one) Yes / No If Yes, Circumstances: _____

Cause(s) of Death (circle one): Birth Defects, Prematurity, SIDS, Stillbirth, other (list specifics if known): _____

Servicing Hospital / Medical Examiner: _____

Mother's Information:

Full Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone #: (circle one) Home / Cell (_____) _____ Email: _____

Income: \$ _____ (circle one) annually / monthly / hourly

Employer: _____ Employer Ph. #: (_____) _____

Father's Information:

Full Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone Number: (circle one) Home / Cell (_____) _____ Email: _____

Income: \$ _____ (circle one) annually / monthly / hourly

Employer: _____ Employer Ph. #: (_____) _____

Combined Annual Household Income: \$0-\$16,000 _____ \$16,000-\$32,000 _____ \$32,000-\$65,000 _____ \$65,000+ _____

Financial Assistance is for low income families. Families with higher incomes must list extenuating circumstances to be considered for the approval process. _____

Names & Ages of other children living at home: _____

How did you hear about Thy Kingdom Come Memorial, Inc.? Please be specific. (i.e. Jane Doe Hospital Nurse; John Doe Grief Counselor at Tri County, John Doe at Funeral Services etc...)



This is a need based application and to be used when all other options are exhausted. Please review this list for other resources that may be available to assist with your child's funeral expenses. Thy Kingdom Come Memorial, inc. expects each of these areas to be explored prior to applying for assistance with.

- € State Assistance
- € Religious Affiliation
- € Hospital Foundation
- € Family/Friends Co-workers/Employer
- € Military dependent
- € Personal Savings/Credit Card

I verify that all the above information is true and correct to the best of my knowledge.

Signature of Parent

When submitting application to Thy Kingdom come Memorial, Inc., please also include the following (Payment will be approved when all items are received.):

1. Fully itemized statement of goods & services.
2. Copy of the death certificate or fetal death certificate.

****THIS INFORMATION MUST BE FILLED OUT COMPLETELY BY THE FUNERAL HOME****

If you are a funeral home applying on behalf of the family, please fax us a copy of your current infant funeral price list, along with this request.

Name of Funeral Home: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Name of Funeral Director: _____ Amount Requested: _____

Burial _____ Cremation _____ Is family eligible for state, military, or other funeral benefits? Yes / No (circle one)

Name, address and phone number of place of interment: _____

Was there a balance left for funeral costs, beyond what Thy Kingdom Come Memorial, Inc. is paying for? Yes No (please circle one)

If yes, please list the amount and items remaining for payment, and how the balance is being paid for. _____

Additional Information/Comments:

