

## Application for Faith's Friends

Child's Name: \_\_\_\_\_

Mother's Name (printed): \_\_\_\_\_ Mother's Phone #: \_\_\_\_\_

Mother's Address (include county): \_\_\_\_\_

Father's Name (printed): \_\_\_\_\_ Father's Phone #: \_\_\_\_\_

Father's Address (include county): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

Child's Date of Death: \_\_\_\_\_ Child's Place of Death: \_\_\_\_\_

Funeral Home Being Used by Family: \_\_\_\_\_

Phone Number & Address: \_\_\_\_\_

Cemetery the Child is Being Buried at: \_\_\_\_\_

Phone Number & Address: \_\_\_\_\_

Monument/Headstone Company Being Used by Family: \_\_\_\_\_

Phone Number & Address: \_\_\_\_\_

By signing below, I am certifying that the information above is true. I understand that funds are dispersed per the organization's policies and that Faith's Friends pays the businesses directly, if funds are dispersed, and will NOT reimburse businesses for expenses already paid for. I understand that this is an application and funds may or may not be dispersed. By signing below, I am also authorizing Faith's Friends to obtain and keep an invoice for any and all expenses related to said child's birth, funeral, burial, or headstone costs.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_