



Financial Assistance Application for infants less than 1 year of age

Your Name: _____

Address: _____

Phone Number: _____ Email: _____

Your Date of Birth: _____

Your relationship to the deceased child. _____

If other than a parent, please explain. _____

The deceased child's full name: _____

Date of birth: _____

Date of death: _____

List both parents' full names and date of birth.

Mother: _____

Father: _____

Do you and your family have health insurance coverage? _____

Did the child have a life insurance policy? _____

Are you currently receiving any financial assistance? _____

If so, please explain. _____

What is your monthly income after taxes? _____

What are your monthly expenses? Please include rent/mortgage, utilities, childcare expenses, loan payments, credit card payments, etc.

Please provide us with any funeral arrangements, including date, time, and location.

If you are requesting financial assistance for funeral expenses, please provide us with the name, address, and phone number for the funeral home that you are using.

If you are requesting financial assistance to help purchase a cemetery monument, please provide us with the name, address, and phone number to the cemetery.

Please provide us with a brief history of you, your family, and the loss of your infant. This information will remain confidential and will help aid us in making our decision as well as provide us with statistics for future funding.

Emmazing Grace Foundation only provides assistance for outstanding balances. In order to evaluate your application we need the following:

- 1 - Copies of your current "balance due" from the funeral home or monument company. This should include any and all payments that you have made.
- 2 – Copy of the death certificate.

Funds will be issued directly to the funeral home and/or monument company.

Mail Application to:
Emmazing Grace Foundation
Attn: Candy Stacks
4815 Tabby Stone Drive
Cumming, GA 30028
770-235-0882