



CHILD'S PARENT(S)

PRIMARY ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

FUNERAL HOME/CEMETARY

PHONE

DATE OF SERVICE

TOTAL AMOUNT OF EXPENSES

CHILD'S NAME

DATE OF BIRTH-DATE OF DEATH

TYPE OF LOSS(miscarriage/stillbirth/infant death)

CAUSE OF DEATH (if known)

Requirements:

1. Parents must be a resident of Stark County, Ohio
2. Your child must be under 1 year of age.
3. Checks are typically made out to the funeral home.
4. Please fax this request to (330) 649-1331 or email to gta@um.att.com or mail to: P.O. Box 1082, Massillon, OH 44648
5. Once approved, we will notify you of the amount approved and date sent.

If you have any questions please call (330) 649-1331. A copy of this form can also be found on our website: www.godstinyangels.org.

My signature below indicates the information provided on this form is accurate, to the best of my knowledge. In addition, I am aware that my name and/or my child's name may be used to report financial data and group activity to the board of directors, foundations, and sponsors.

Signature

Date

****Office Use Only****

Date Received _____ Approved By _____

Check # _____ Amount _____ Payment sent _____