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CHILD'S PARENT(S)

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PRIMARY ADDRESS

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CITY

STATE

ZIP CODE

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PHONE

EMAIL

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FUNERAL HOME/CEMETARY

PHONE

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DATE OF SERVICE

TOTAL AMOUNT OF EXPENSES

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CHILD'S NAME

DATE OF BIRTH-DATE OF DEATH

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TYPE OF LOSS(miscarriage/stillbirth/infant death)

CAUSE OF DEATH (if known)

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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](mailto: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](http://www.godstinyangels.org).

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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.

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Signature

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Date

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**\*\*Office Use Only\*\***

Date Received \_\_\_\_\_ Approved By \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Payment sent \_\_\_\_\_