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CHILD'S PARENT(S) NAME(S)

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PRIMARY ADDRESS

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CITY

STATE

ZIP CODE

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CELL/HOME PHONE

EMAIL

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FUNERAL HOME/CEMETARY

BUSINESS 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 FOR PARENTS:**

- Parents must be a resident of Stark County, OH
- Your child must be under 1 year of age.

**REQUIREMENT FOR FUNERAL HOME/CEMETARY:**

- Email this form and your invoice to **gta@um.att.com** OR Fax to (330) 649-1331
- After review, we will notify you of the amount approved and date sent to the business.

A copy of this form can also be found on our website: <https://godstinyangels.org/forms/>  
If you have any questions please call (330) 649-1331. We will reply within 24 hours.

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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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Parent Signature

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Date

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

Date Received \_\_\_\_\_

Approved By \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Payment Sent \_\_\_\_\_