God's-tiny-Angels

SHARING | HEALING | HELPING

CHILD'S PARENT(S) NAME(S)

PRIMARY ADDRESS

CITY **STATE** **ZIP CODE**

CELL/HOME PHONE **EMAIL**

FUNERAL HOME/CEMETARY **BUSINESS 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 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.

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.

_____ _____

Parent Signature Date

****Office Use Only****

Date Received _____ Approved By_____

Check #_____ Amount $_____Payment Sent_____