



**APPLICATION FOR FUNDS**

Date: \_\_\_\_\_

**INFORMATION REGARDING DECEASED CHILD**

Name: (first, middle & last) \_\_\_\_\_

Age: (days) \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Location of Death: (hospital/city/state): \_\_\_\_\_

Funeral Location: \_\_\_\_\_

Funeral Date: \_\_\_\_\_ Burial Date: \_\_\_\_\_

Burial Location: \_\_\_\_\_

**INFORMATION REGARDING PARENTS OF DECEASED CHILD**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religious Affiliation / Preference (if any): \_\_\_\_\_

**INFORMATION REGARDING APPLICANT / REFERRER**

Name: \_\_\_\_\_

Relation to Deceased Child: \_\_\_\_\_

If Professional Referral – Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (if professional referral): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

*By signing, I attest that the above information is complete, true and correct to the best of my knowledge.*



## **APPLICATION INSTRUCTIONS / INFORMATION**

Julian's Gift Inc. is a 501 (c) (3) organization founded and operating in the State of Michigan.

We are currently assisting parents/legal guardians who meet the following criteria:

- Have experienced the passing of a child between birth and 12 months old within the last 30 days.
- Child's Burial and/or Funeral Services have taken place/will take place in the State of Michigan.
- Currently living in the Greater Grand Rapids, Michigan area.
- Submit the attached application along with a copy of the child's death certificate for review.
- Are approved for funds by a majority vote of the Board of Directors of Julian's Gift Inc.

There are no income requirements or restrictions. This application should be submitted along with a copy of the child's death certificate. Applications should be received within 30 days of the child's passing; however exceptions may be made based on board discretion. Additional information, documentation, and/or verification may be required. Funds are subject to availability.

**Applications may be faxed to: (313) 899-7012,**

**emailed to [info@juliansgift.org](mailto:info@juliansgift.org)**

**or mailed to Julian's Gift Inc., P.O. Box 228, Shelbyville, MI 49344**

For More Information Please Visit [www.JuliansGift.org](http://www.JuliansGift.org)