



**HELPING FAMILIES FACING MEDICAL CHALLENGES DO MORE!**

## **APPLICATION FOR FINANCIAL ASSISTANCE FOR DEATH BENEFITS**

The Do More Foundation exists to assist families with financial needs as a result of the death or illness of a child.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M F

Date of Death \_\_\_\_\_ If stillborn, gestational age at delivery \_\_\_\_\_ weeks

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

### **MOTHER'S PERSONAL INFORMATION**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_

Position \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Business Phone \_\_\_\_\_

Housing: Rent \_\_\_\_\_ Own \_\_\_\_\_ Other \_\_\_\_\_ Number of people in household \_\_\_\_\_

The Do More Foundation – PO Box 1981, Pompano Beach, FL 33061  
Phone- 954-857-9059 – Fax – 954-972-8223

## FATHER'S PERSONAL INFORMATION

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_

Position \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Business Phone \_\_\_\_\_

Housing: Rent \_\_\_\_\_ Own \_\_\_\_\_ Other \_\_\_\_\_ Number of people in household \_\_\_\_\_

## Funeral Home Information

Funeral Home Name \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Director Name \_\_\_\_\_ Email Address \_\_\_\_\_

\*Please have the funeral home fill out the information form and send it with your application.

## Financial Information

Annual Household Gross Income \_\_\_\_\_

Source of Income: \_\_\_\_\_ Job \_\_\_\_\_ Government Assistance (Please explain) \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Please explain how a grant from The Do More Foundation would assist your family-

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## Application Agreement

I hereby apply for assistance from **The Do More Foundation** to assist with expenses related to the funeral, burial or cremation of my child. I attest that the information contained in this application is true and accurate. I authorize **The Do More Foundation** to obtain information from our funeral home pertinent to the application and grant request. I understand that any information that is falsely submitted will disqualify me from receiving financial assistance from **The Do More Foundation**.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Media Release

I hereby authorize **The Do More Foundation, Inc.** to use my photographs, letters or information in publications or on the Internet. I understand that these items will be used to educate the public about **The Do More Foundation, Inc.** and its services. I further understand that our last name will not be used in any material. The consents, terms and conditions of this agreement shall continue in effect beyond the date it is signed.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_