



HELPING FAMILIES FACING MEDICAL CHALLENGES DO MORE!

Funeral Home Information Form

Funeral Director,

The family listed below has requested financial assistance from **The Do More Foundation, Inc.** related to the costs associated with the funeral, burial or cremation of their child. Please provide as much information as possible, thus allowing **The Do More Foundation, Inc.** to evaluate our ability to provide a grant towards these funeral expenses.

Family Information (To be completed by the family)

Child's Name _____

Father's Name _____ Mother's Name _____

Estimated Funeral Home Charges (To be completed by the Funeral home)

Funeral Home Name _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Funeral Director Name _____

Estimated Cost of Funeral _____

Please attach the estimate of funeral expenses.

Funeral Director Signature _____ Date _____