**Love Package Request**

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| Your Name: | | Your Email: | | | |
| Your Phone: | Please check box to sign up for our email notifications | | | | |
| Relationship to Family in Need: | | | | | |
| **Information About The family In Need** | | | | | |
| Name Of Family: | | | | | |
| Address: | | | | | |
| City: | | State: | | | Zip: |
| Phone: | Email: | | | | |
| Name of the Angel Child : | | | | Date of Funeral: | |
| Date Of Birth: | | | Date Of Death: | | |
| Can we include a book about heaven? Yes:  No: | | | | | |

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| Please write name of Family Members include ages and gender of children |
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| Please write a brief description of what happened. |
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| Please describe the Angel Child. |
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| Anything else we should know about the family? |
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| Would you like us to consider helping the family with funeral expenses? Yes:  No: |
| Name of Funeral Home: |
| Phone Number of Funeral Home: |
| (All applications are reviewed and selected by our advisory committee. Submitting application is not a guarantee to be awarded a monetary donation.) |

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