**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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