



Application for Assistance

Byron C. Glenn III Foundation

Today's Date: _____ Date of Services: _____ State of Residence: _____

Baby's Full Name: _____ Gender: Male Female

Birth date: _____ Weeks of Gestation: _____ Was baby a multiple: No Yes

If baby is a multiple, will they be buried/cremated together or separately? Together Separately N/A

Mother's Full Name: _____ **Email:** _____

Mother's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Father's Full Name: _____ **Email:** _____

(If applicable)

Father's Address: _____

(If same write 'same')

City: _____ State: _____ Zip: _____ Phone: _____

WE CANNOT REIMBURSE FUNDS BACK TO FAMILIES. *Please submit application prior to or within 30 days of services to be considered for assistance. Must have an outstanding balance. The amount of financial assistance does not exceed \$1,000.*

*For submission guidelines, please reference **Application Guidelines**. [Email application to: info@bcg3foundation.org](mailto:info@bcg3foundation.org).*

I verify that all of the above information is true: _____

(signature of parent)

Name of Funeral Home: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Funeral Director: _____

Check one: Burial Cremation Amount Requested: _____

FOR OFFICE USE:

Date received: _____ Application approved: _____ Amount approved: _____

Date funds distributed: _____