



Burial Assistance Request Form

345 W. Pearl Ave. Ste. 230

Redlands, CA. 92374

Phone: (909) 335-1600

Fax: (909) 335-1660

Date: _____ Name of Child: _____ Age: _____

Date of Birth: _____ Date of Death: _____ Full Term: Yes No

Cause of Death: _____

Location: _____

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Place of Employment: _____

Email: _____ Veteran Yes No

Referred By: _____ Phone#: _____

Reason for Assistance: _____

Mortuary or Cemetery: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact: _____

Date/Time of Service: _____

I certify that the above is true and correct. I also understand that a copy of my contract will be shared with The Unforgettables Foundation and that my family's name and images may be used by The Unforgettables.

Signature of Parent or Guardian

Date

Please provide all of the above information and a copy of the contract when submitting a request for assistance. Any request received that is not complete will be denied.

For The Unforgettables Office Use Only

County the deceased lived in: _____ Is a copy of the contract attached: _____

Amount Approved: _____ Date Paid: _____

Approved By: _____ Date: _____

Notes: _____