



Children Are Butterflies Application For Assistance

This form must be completed by a parent or guardian of the deceased child and endorsed by their Funeral Director. The Trustees of Children Are Butterflies will assess all applications on a "case by case" basis, based solely upon the information you provide here. This information is strictly confidential and will ONLY be used by the Trustees in their decision making. Only forms completed IN FULL will be considered by the Trustees. The Trustees decision on the application will be final and no further correspondence will be entered into.

Name of Applicant:					
Full Address of Applicant:					
POST CODE:		Date of Birth:			
Marital Status (Please delete as applicable)	Single	Living with partner	Married	Separated	Divorced
Employment Status (Please delete as applicable)	Student	Employed	Self employed	Unemployed	Retired
Name of Deceased:		Date of Death:			
Place of Death:		Age at Death:			
Please list the disbursements you would like assistance with, and the amounts involved:					
The date <u>and</u> place of the funeral:					
The name of your Funeral Director:					
The address of your Funeral Director:					
The telephone number of your Funeral Director:					
FUNERAL DIRECTOR PLEASE SIGN THIS STATEMENT: I confirm that we are conducting the funeral as detailed above.					
OFFICE USE ONLY:					
Approved to value of:		Reason Declined			
Trustee signature 1:		Trustee Signature 2:			