



Name of the deceased _____ Date of death _____

Name of funeral/monument co _____ Funeral/monument co # _____

Address of funeral/monument co(address, state and ZIP)

Name of person making the application _____ Relationship to the deceased _____

Phone number of person making the application _____

Address of person making the application(address, state and ZIP)

Signature of person making application _____ Application Date _____

Please Circle One:

Did the deceased have life insurance? Yes / No Is there a prepaid burial plan for the deceased? Yes / No

Did the deceased have a Native American CDIB card? Yes / No

Did the deceased pass away from cancer? Yes / No

Was the deceased a veteran or a spouse of a veteran? Yes/No

What is the person making the application annual gross household income? _____

How many dependents does the person making the application have? _____

Please write what the service is and the dollar amount you are needing assistance with (i.e cremation \$500):

Description of service _____ Amount _____

PLEASE NOTE: STARTING JANUARY 1, 2024, WE ARE ONLY HELPING QUALIFIED FAMILIES WHERE THE LOVED ONE PASSED AWAY FROM CANCER. PLEASE CALL, TEXT OR EMAIL TO CHECK ON FUNDING AVAILABILITY BEFORE FILLING OUT APPLICATION. PAYMENTS WILL BE MADE AS FUNDS ARE AVAILABLE ON A FIRST COME FIRST SERVE BASIS. MAX FUNDING IS \$1,000 AT THIS TIME. THERE IS AN APPROVAL PROCESS FOR FUNDING. WE CAN NOT PAY OFF PAST DEBT FOR FUNERAL EXPENSES.

For funding consideration, please submit for review:

- 1) Completed application
- 2) Current ID of the person making the application. Must be a US Citizen. (Ex. driver's license, state issued ID, passport)
- 3) Proof of wages on the person making the application. (Current pay stub, letter from employer, prior year tax return or statement of benefits.)
- 4) Signed itemized statement/contract from the funeral home, crematorium, cemetery, or monument company.

****All payments will be made to the funeral home, crematorium, cemetery, or monument company. ****

Please submit this application with the supporting documents by email ONLY. (See email below) Please allow 24 hours for us to contact you regarding your application.

www.giveafuneral.org

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Give A Funeral Inc. is a 501(c)(3) non-profit organization.



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