



31938 Temecula Pkwy, Ste A, #385 Temecula, CA 92592

www.EmptyCradle.org

**Request for Financial Assistance for Cremation Services**  
(up to 1 year old)

Today's Date \_\_\_\_\_ Date of Services \_\_\_\_\_ City and State of Residence \_\_\_\_\_

Baby's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date & Time \_\_\_\_\_ Death Date & Time \_\_\_\_\_ Age at time of death \_\_\_\_\_

Was Baby Full Term Yes No (circle one) Weeks of Gestation \_\_\_\_\_

If baby is a multiple will they be cremated together or separately? \_\_\_\_\_

Cause(s) of Death: Birth Defects Prematurity SIDS Stillbirth Other \_\_\_\_\_

List specifics if known \_\_\_\_\_

Servicing Hospital / Medical Examiner \_\_\_\_\_

List any Fundraising page links \_\_\_\_\_ current amount raised \$ \_\_\_\_\_

How will the funds raised be spent? \_\_\_\_\_

Baby's Ethnicity for Statistical Purposes Mixed or Bi-racial (please specify) \_\_\_\_\_

Caucasian Asian Hispanic African-American Native American Pacific Islander Middle Eastern Decline to State

Other (please specify) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_



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Mother's Home Phone # ( ) Cell # ( )

Mother's Income \$ (circle one) annually / monthly / hourly

Mother's Employer Employer Ph. #: ( )

Father's Full Name

Email Birthdate

Address City State Zip

County

Father's Home Phone # ( ) Cell # ( )

Father's Income \$ (circle one) annually / monthly / hourly

Father's Employer Employer Ph. #: ( )

Annual Household Income (include all contributing adults in household)

\$0-\$16,000 \$16,001-\$32,000 \$32,001-\$65,000 \$65,001-\$100,000 \$100,001+ Household Size

Does the family receive State Assistance, SSI, or Food Stamps?

Marital Status: (circle one) Single-Living Together / Single-Not Living Together / Married / Divorced / Separated

Currently/Previously in Military? (circle one) Active Duty / Reserve or National Guard / Retired / Former Service Member (non-retired)

Names & Ages of children in home

Preferred spoken and written language:

How did you hear about Empty Cradle? Please be specific. (i.e. Jane Doe of DSHS; John Doe Grief Counselor at Hospital; Memory Box)



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This is a need-based application and to be used when all other options are exhausted. Please review this list for other resources that may be available to assist with your baby's cremation expenses. Empty Cradle expects each of these areas to be explored prior to applying for assistance through Empty Cradle: State assistance, tribal affiliation, religious affiliation, hospital foundation, family or friends, military dependent, personal savings/ credit card, GoFundMe or other fundraising page.

**WE CANNOT REIMBURSE FUNDS BACK TO FAMILIES. TO EXPEDITE, PLEASE CALL (619) 573-6515 EXT 100**

**I verify that all the above information is true and I understand that the maximum amount for assistance is \$200**

\_\_\_\_\_ Date \_\_\_\_\_  
(signature of parent)

*Please submit application within 30 days of services to be considered for assistance. For additional submission guidelines, please reference submission guidelines at www.EmptyCradle.org or call (619) 573-6515.*

Name of Funeral Home: \_\_\_\_\_

Full Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Funeral Director: \_\_\_\_\_ Amount Requested (\$200) Maximum \_\_\_\_\_

Total cremation cost \$ \_\_\_\_\_

Is family eligible for state, military, or other funeral or cremation benefits? Yes No

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Method Received (email, fax, mail, etc) \_\_\_\_\_ Received by \_\_\_\_\_

Approved Denied Reason if Denied \_\_\_\_\_

Approved by \_\_\_\_\_ Amount Approved \_\_\_\_\_ Date \_\_\_\_\_

Funds Distributed to \_\_\_\_\_ Via (funds transfer, check) \_\_\_\_\_