



## The Patrick Palin Foundation Inc.

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### Financial Burial and Funeral Assistance

The Patrick Palin Foundation Inc. is committed helping families that have suffered the loss of an infant 12 months or younger, or stillborn. The loss of a child is something that no parent should have to go through. We know that the costs associated with this tragedy are sometimes overwhelming.

Based on the limitation of funds not all requests will be fulfilled.  
Assistance ranges from \$100 to \$300 per family

In order to be considered all of the following items must apply:

- This application must be filled out as completely. Incomplete applications will not be processed.
- The Patrick Palin Foundation does not send payment directly to any applicants. All payments go to the funeral home, cemetery or monument company.
- Family must reside in the state of Massachusetts.
- Baby was born at or after 22 weeks gestation.
- Baby was less than 12 months old when he/she passed away.
- Application must be submitted within 45 days of service.
- Completed application, copy of death certificate and copy of invoice/bill can be emailed to [thepatrickpalinfoundation@yahoo.com](mailto:thepatrickpalinfoundation@yahoo.com)



The Patrick Palin Foundation Inc.

## Application for Financial Burial and Funeral Assistance

Today's Date: \_\_\_\_\_ Date of Services \_\_\_\_\_ State of Residence: \_\_\_\_\_

Baby's Full Name: \_\_\_\_\_ Gender: Male or 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 buried/cremated together or separately? \_\_\_\_\_

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

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

List any Fundraising page links \_\_\_\_\_

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

Number of children in the home: \_\_\_\_\_ Ages: \_\_\_\_\_

Are you interested in sibling support package for funeral service? Yes or NO

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

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

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

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

Father's Address (if same write "same"): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Annual Household Income: \$0-\$16,000 \_\_\_ \$16,000-\$32,000 \_\_\_ \$32,000-\$65,000 \_\_\_ \$65,000-\$80,000 \_\_\_ \$80,000+ \_\_\_



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

Full Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Name of Funeral Director: \_\_\_\_\_

Burial \_\_\_\_\_ Cremation \_\_\_\_\_

Is family eligible for state, military, or other funeral benefits? Yes No (circle one)

Name, address and phone number of place of interment:

\_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Tell us about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that all the above information is true

Print name of parent \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date: \_\_\_\_\_

Completed application, copy of death certificate and copy of invoice/bill can be emailed to:

[thepatrickpalinfoundation@yahoo.com](mailto:thepatrickpalinfoundation@yahoo.com)

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