



Macey Elizabeth Foundation Memorial Grant

Please check the box below for the purpose of the grant funds you are requesting		
<input type="checkbox"/> Funeral Expenses	<input type="checkbox"/> Headstone	<input type="checkbox"/> Cemetery Plot

APPLICANT INFORMATION			
Date of Application: MM/DD/YYYY			
First Name:		Last Name:	
Street Address:			
City:		Zip Code:	
Phone:		Email:	

CHILD INFORMATION			
First Name:		Last Name:	
Date of Birth: MM/DD/YYYY		Date of Death: MM/DD/YYYY	

FUNERAL HOME INFORMATION			
Name of Funeral Home:			
Funeral Home Contact Person:			
Phone:		Email:	

X _____

Signature of Applicant (Insert digital signature or Type Initials)

Please note that the funds will be sent directly to the Funeral Home or Cemetery. Please make sure you provide contact information so that we can get the funds disbursed quickly