



Application for Funeral Services Financial Support with Paul's Plan Ministries

Today's date:

First and Last Name (Person filling out the application):

Email:

Cell Phone:

Address:

Employment Status: (Full Time, Part Time, Contractor, Seasonal, Unemployed)

If employed, how many hours a week do you work?

Name of employer:

Employment Title:

Relationship to the Deceased:

Deceased Person's Information

First and Last Name:

Cause of Death:

Overdose Death related to Opioids? Yes, or No?

Date of Death:

Date of Birth:

Age:

Gender:

Female

Male

Other:

Primary language: _____

Paul's Plan Ministries; P.O. Box 53 Thorntown, Indiana 46071

Which race or ethnicity best describes the deceased person? (Please choose only one).

American Indian or Alaskan Native

Asian American or Pacific Islander

Black or African American

Latino/a

White/Caucasian

Multiple Races (please list):

How much total is the expected cost for the funeral?

How much is being requested from PPM?

Name of Funeral Home:

Date of Burial/Funeral Services:

Please sign and date below stating that you do not have the finances needed to cover full funeral costs and that you are in financial need of the amount requested above.

Name:

Date:

Note: The requested amount is not guaranteed approval. Staff will review this application as soon as possible and will notify the applicant at the email/phone number above within 72 hours of receiving this application. We are very sorry for your loss.

If you have questions, please contact us at: amybrinkley2000@gmail.com

<https://www.paulsplanministries.com/>

