



Memorial Support Confidential Application

INSTRUCTIONS: This confidential information form is used in processing the Caring Fund memorial support. Be sure to complete each section fully and accurately to ensure prompt attention to your application.

1. Identification Data: (Please print)

Name _____ Address _____

City _____ State _____ ZIP _____

Phone # _____ Employee ID # _____

2. Name of Deceased: _____

Date of Death: _____

Relationship to Employee: _____

3. Amount: \$3,000

Pay to: Name: _____

Address: _____

City, State and ZIP: _____

4. Statement of Agreement

I agree to accept Saint Francis Caring Fund memorial support assistance. I certify that the information is true and correct to the best of my knowledge.

Name (please print): _____ Date: _____

Signature: _____

Caring Fund Committee Use Only

Approved Denied Reason: _____

Application #: _____