

Mortuary Verification Form

Mortuary Name: _____

Mortuary Phone Number: _____

Mortuary Address: _____

- I confirm that the above listed Mortuary is a legal and professional provider.
- The Luna Babies Foundation provides burial/cremation assistance for infants 20 weeks gestation to 1 year of age.
- I understand that financial assistance must be requested by bereaved families through the "Financial Assistance Request" on the Luna Babies Foundation website and not the mortuary.
- I understand that approved financial assistance will be paid directly to the mortuary from the Luna Babies Foundation.
- The Luna Babies Foundation is a non profit organization and assistance is based on funding availability. I will not discuss assistance allotment with families prior to financial assistance being awarded to each individual family.
- The Luna Babies Foundation can not reimburse the family or Mortuary for services already paid for prior to assistance approval or services provided more than 30 days.
- I understand that the Luna Babies Foundation requires an itemized receipt from the Mortuary prior to the mortuary receiving payment from the foundation.
- **I understand the Luna Babies Foundation is requesting a list of services appropriate for infant services (20 weeks gestations to 1 year of age) and the current fee charged by the mortuary. This information can be emailed to admin@lunababies.org**

In addition to working with the Luna Babies Foundation in assisting families with infant burial costs, we are interested in supporting the Luna Babies Foundation through additional ways and would be interested in discussing the following options more:

Monetary Donation/Sponsorship

Other means of support

Donation of an Infant Burial

Not at this time

Mortuary Representative

Title

Signature of Mortuary Representative

Date