

# Grief Assistance Application Form

## Section 1: Personal Information

Full Name of Applicant: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

## Section 2: Information About the Deceased

Full Name of Deceased: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Cause of Death (optional): \_\_\_\_\_

## Section 3: Assistance Requested

Type of Assistance Needed:  Food Support  Utility Bill Assistance  Transportation  Funeral Expenses

Describe Your Current Situation (Explain why you need assistance):

\_\_\_\_\_

Is there any specific bill or expense that needs immediate assistance? (If yes, please provide details):

\_\_\_\_\_

## Section 4: Supporting Documents (Please attach the required documents)

Death Certificate (PDF or JPG)

Utility Bill(s) Needing Assistance (PDF or JPG)

## Section 5: Declaration and Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge.

I understand that providing false information may result in the rejection of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_