



Mortuary Verification Form

Mortuary Name: _____

Mortuary Phone Number: _____

Mortuary Address: _____

- I confirm that the above listed Mortuary is a legal and professional provider.
- I understand 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.
- I understand that 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**

Mortuary Representative

Title

Signature of Mortuary Representative

Date