

Cremation Assistance Foundation Terms of Agreement

I, _____, understand that this assistance program is based on financial ability, and that I have been honest about my financial status. Any funds acquired prior to receiving this donation, I will relinquish the amount that I may receive and use the newly acquired amount to put toward the cost of the cremation/funeral. I also agree to the following terms for receiving assistance from the Cremation Assistance Foundation.

1. If you are accepted as a recipient, your funeral director will review the guidelines established by CAF in using our gift towards expenses such as; pastor fee, interment or burial fee, grave marker/engraving cost, death certificate(s) and obituary.
2. At least one of the memorials needs to be designated to CAF. It is recommended that this be included in the obituary as who to make memorial is out to.
3. The check from CAF will need to be co-signed by the funeral home director or other designated funeral home employee.
4. Once you are an approved recipient, you will be notified by the funeral home to come in and co-sign the check.
5. An advisor will also be present when the cremains are transferred and interred or buried, as to witness the ashes being placed in their final resting place.
6. Graveside pastoral services will be provided by the pastor of our choice unless the family or individual request their own pastor. You must inform your CAF advisor so arrangements can be made.
7. By signing this document I am stating that I understand the terms of the CAF and admit that I have been fully informed, am of sound mind and am freely and willfully agreeing to these terms. No one has coerced my decision in any way.
8. I have been fully informed of and understand exactly how the CAF gift will used.
9. The CAF has the right to deny monies promised to me if any of the above mentioned terms have been broken prior to my receiving the check.

Name (printed) _____ Date _____

Signature _____

CAF Advisors Name (printed) _____ Date _____

Signature _____

Witness Name (printed) _____ Date _____

Signature _____