



### APPLICATION FOR KADEN'S KISSES FUND

Our family at Kaden's Kisses is deeply sorry for the loss of your precious child. We understand the pain of losing a child and are very sensitive to your feelings.

Kaden's Kisses and the Hunter's Hope Foundation are required to obtain certain information for the award process. Please ensure that all information provided is accurate. Please complete this form within a reasonable time period from the loss of your child, to ensure the best opportunity to be awarded a financial gift.

Please email the completed form to [kadenskisses@huntershope.org](mailto:kadenskisses@huntershope.org) or mail to:

Kaden's Kisses  
c/o Hunter's Hope Foundation  
PO Box 643  
Orchard Park, NY 14127

#### Child Information

Name: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ Heaven Date: \_\_\_\_\_

#### Parent/Guardian Information

Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Please share with us the circumstances of the loss of your child.

Was there a life insurance policy on the child, or any type of insurance that will cover any costs?  
Yes No

Have financial gifts from any other organizations or businesses been applied for/ granted? Yes No  
If so, please provide details.

If employed, how long were you/or do you plan to be off of work due to this loss?

Please provide the amount that you would like to ask of the Kaden's Kisses Fund and description of what the funds will be for (if unsure please provide an estimation).

How did you learn about the Kaden's Kisses Fund?

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Any thoughts or feelings you would like to share with regards to your child, etc.? (Optional)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Individual Completing Application (If Different from Parent/Guardian):

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are awarded a financial gift, you will be required to provide Kaden's Kisses with a prayer card from the funeral home or the death notice from the newspaper. In addition, we will ask for a copy of the invoice for the service/item funds are being requested for and specification as to the payment status. If the invoice has already been paid, we will need proof of payment for reimbursement and will issue payment to the person named on the invoice. If the invoice has not yet been paid, we will pay a determined amount, decided by Kaden's Kisses, of the invoice directly.

Please know all of your information will be kept private. Again, we are very sorry for your loss and will keep you and your family in our prayers.