



Please complete the application with required supporting documents and return to the Odin George Foundation.

To be eligible for funerary assistance, an applicant must:

- * Have had a complex medical need as evidenced through diagnosis;
- * Been between the ages of birth through age 17;
- * Resided in either Missouri or Kansas

Requests may be made up to \$2,500. All payments will be made to the funeral home handling the arrangements.

Applications will be reviewed, and approved or denied by the Board of Directors of the Odin George Foundation. The Board's decision will be based on its sole discretion. All Board decisions are final. All applicants will receive a written notice of approval or denial of their application. Foundation staff is available to answer questions about the application and may be contacted via email at info@odingeorge.org

Applicant Information

Name of Child: _____

Date of Birth: _____

Diagnosis: _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian Information

Name: _____

Phone: _____

Email: _____

Funeral Home Information

Name: _____

Point of Contact: _____

Address: _____

Phone: _____

Email: _____

Obituary Link : _____

Acknowledgement & Consent

By my signature below, applicant (recipient parent or legal guardian) acknowledges that I understand and agree to the following conditions:

1. Applicant certifies that the above information is true and correct, and that deliberate misrepresentation of information may result in denial of payment for funerary expenses.
2. The Odin George Foundation is not obligated to provide payment for any or all of the funerary expenses requested in this application.
3. Applicant's child resided in either Missouri or Kansas, was not older than 17 years of age, and had a complex medical need as evidenced through diagnosis;
4. Applicant's request for payment of funerary expenses may not exceed \$2,500.
5. Any payment for funerary expenses approved by the Board will be made to the funeral home handling the arrangements.
6. Applicant certifies that the Odin George Foundation may contact the funeral home to verify expenses and payments paid, due or owing.
7. The applicant releases and discharges the Odin George Foundation, its agents, officers, and employees from any and all legal actions, claims or demands which the applicant may have now or in the future due to this request for or payment of funerary expenses made by the foundation.

Parent/Guardian Signature

Date

Please provide all information and documents to the Odin George Foundation:

By mail: Odin George Foundation

P.O. Box 1392

Lee's Summit, MO 64063

By Email: info@odingeorge.org