



**FLORIDA CEMETERY, CREMATION AND FUNERAL ASSOCIATION  
Foster Child Funeral Program**

To participate in the Florida Cemetery, Cremation & Funeral Association (FCCFA) Foster Child Program, this form must be completed by the agency coordinator and sent back to the FCCFA office in a timely manner.

Child's Information:

Child's Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Location of Body: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Financial Resources Available: \_\_\_\_\_

Family Member Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Foster Parent's Name: \_\_\_\_\_

DCF/ Community-Based Care Lead Agency's Contact Name: \_\_\_\_\_

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

Services requested by family: \_\_\_\_\_

Location in which they are looking to have services: \_\_\_\_\_

Has family called a funeral home? \_\_\_\_\_ If so, which one: \_\_\_\_\_

Have parental rights been terminated? \_\_\_\_\_

By signing below, you agree that the information above is accurate.

\_\_\_\_\_

\_\_\_\_\_

Signature of Agency Coordinator

Date