



GRANT APPLICATION

NAME OF PERSON APPLYING: _____

RELATIONSHIP TO DECEASED _____

PHONE _____ **EMAIL** _____

NAME OF DECEASED _____ **AGE** _____

ADDRESS _____

CITY _____, **INDIANA** **ZIP CODE** _____

SURVIVING FAMILY MEMBERS:

NAME _____

HUSBAND _____ **WIFE** _____ **SIGNIFICANT OTHER** _____ **CHILD** _____

NUMBER OF SURVIVING CHILDREN _____

NAMES AND AGES OF SURVIVING CHILDREN:

DESCRIBE FARM AFFILIATION:
