



Dear Sir or Ma'am,

The person(s) giving you this contact sheet is seeking assistance with the burial of their child ages birth to 10 years old.

Please contact us at the following numbers: 870-239-5097.

Also, make sure they have filled out the Requirement form below and fulfilled all of the requirements.

Thanks,
Chris Watson
President The Benjamin Project

Requirements for Assistance

1. Proof of Arkansas Residence:

Address: _____
City: _____ State: _____ Zip: _____

or Arkansas Drivers License number: _____

2. Submit a copy of the Death Certificate to the funeral home/monument company for the Benjamin Project records.

3. Relationship Requirements: Are you related to the following. (If yes we can't help due to IRS rules).

Jay Hicks yes or no

Steve McPherson yes or no

Starla Wood yes or no

Chad Wood yes or no

Chris Watson yes or no

Laura Watson yes or no