

**MEXICAN SPRINGS CHAPTER
BURIAL/FUNERAL ASSISTANCE APPLICATION**

RESPONSIBLE PARTY'S INFORMATION

Name: _____ Phone No: _____
Address: _____
(PO Box/Street Address) (City) (State) (Zip Code)

DECEDENT'S INFORMATION

Name of Decedent: _____
Social Security No: _____ Census No: _____

TYPE OF ASSISTANCE REQUESTING (Please check only one box)

- \$100.00 check written to Mortuary of choice.
 \$100.00 check written to a vendor for food items.
 Free of charge Back Hoe services.

Please attach a copy of CIB and invoice from the Mortuary.

Signature of Responsible Party Date

For Office Use Only

VOTER REGISTRATION VERIFICATION:

- Decedent was a registered voter. Date of Listing: _____
 Decedent was NOT a registered voter.
 Decedent was under 18, parent(s) are registered voter(s).

APPROVED or DISAPPROVED:

Account Number: _____ Amount: \$ _____

Community Service Coordinator's signature DATE:

If disapproved, state reason? _____

CONCURRED:

Chapter Secretary/Treasurer DATE: