

# KAYENTA CHAPTER

## FUNERAL ASSISTANCE REQUEST APPLICATION

ATTACH THE FOLLOWING DOCUMENTS ALONG WITH YOUR APPLICATION	
<input type="checkbox"/> Applicant's Driver's License OR Identification Card <input type="checkbox"/> Deceased Driver's License OR Identification Card <input type="checkbox"/> Deceased Social Security <input type="checkbox"/> Deceased Voter Registration with Kayenta Chapter <input type="checkbox"/> Deceased Navajo Nation CIB	<u>We will also require the checked document:</u> <input type="checkbox"/> Mortuary Invoice <input type="checkbox"/> Letter Addressed to Kayenta Chapter Stating why you need Funeral Assistance

Name: \_\_\_\_\_ Contact #: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Kayenta, AZ, 86033

Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_-\_\_\_-\_\_\_\_

Census #: \_\_\_\_\_ Registered Member of the Chapter: Yes \_\_\_\_ No \_\_\_\_

Deceased Name: \_\_\_\_\_

Is the Deceased registered member of the Chapter? Yes \_\_\_\_ No \_\_\_\_

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Verified: Yes \_\_\_\_ No \_\_\_\_ Verified By: \_\_\_\_\_

(Note: Any financial assistance request is based on availability of funds and budgetary for the current year)

## APPROVAL/DISAPPROVAL

\_\_\_\_\_  
Chapter Manager

\_\_\_\_\_  
Date