



Request for Funeral Assistance

Date: _____

Requestor:

Name: _____

Mailing Address: _____

Telephone / Cell Number: _____

Enrollment Number: _____ D.O.B: _____

Relationship to Deceased Person:

Parent Spouse Child Aunt/Uncle Other

Deceased Name: _____

Deceased Address: _____

Enrollment Number: _____ D.O.B: _____

To which Funeral Home shall check be made out to:

Funeral Home: _____

Address: _____

****Required: Copy of Obituary or statement from Funeral Home***