CRU#: _____ Phone#: _____

Funeral Assistance Request

Friday, March 12, 2021 9:43:53 AM

DOB: _____

Applicant Information

Applicant's Full Name: _____

First Name MI Last Name (Maiden)

Applicant Address

Applicant's Address _____

Mailing Address City State Zip Code

Deceased Information

CRU#: _____

Date Of Death DOB: _____

Deceased Full Name: _____

First Name MI Last Name (Maiden)

Place Of Death: City : State:

Funeral \Burial Information

Funeral Home

Address: City : State:

Burial Date: Wake: Burial Location:

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Note: Funeral grants will not exceed a maximum of $500.00 per deceased person(s), at which time, only one member of the household is eligible for the $500.00. A payment not to exceed $500 will be paid directly the funeral home in charge of the burial service.

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Amount Requested:

Signatures

_____ _____

Client Signature **Corey Eagle Staff, Support Service Manager**

Funeral \Burial Information

Date of Request: Staff Member:

☐ Approved Approved Amount:

☐ Disapproved Date Disapproved: Check No.:

Reason for Disapproval: Account No..:

_____

_____

_____

_____

Referral Source: