



————— *Request for Funeral Assistance* —————

Date: \_\_\_\_\_

**Requestor:**

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

Mailing Address: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ DOB: \_\_\_\_\_

**Relationship to Deceased Person:**

Parent    Spouse    Child    Aunt/Uncle    Other

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

Deceased Address: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ DOB: \_\_\_\_\_

To whom shall check be made out to:

1. Funeral Home: \_\_\_\_\_

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