COYOTE CANYON CHAPTER

The Navajo Nation

"Home of Chief Manuelito"

Mel Begay	*Harrison Plummer*	*Sherylene Yazzie*	*Mitzie Begay*	*Casey Begay*
Council Delegate	*President*	*Vice-President*	*Secretary-Treasurer*	*Grazing Officer*

FUNERAL EXPENSE ASSISTANCE

Decease's Information

Name: _____ Social Security #: _____

Census: _____ Date of Birth: _____

Date of Death: _____ Donation Meeting Date: _____

Funeral Service Date: _____ Location: _____

Funeral Home: _____ Place of Burial: _____

Phone: _____ Address: _____

_____ _____ _____

Signature of Requestor **Relation to Decease** **Date**

Verification & Approval

I certify that the decease individual is a registered community member of Coyote Canyon Chapter.

Approved ☐ Denied ☐ Reason: _____

_____

_____

_____ _____

Chapter Coordinator **Date**

Make Check Payable to:

_____

Name of Payee

_____

Address

_____

City State ZIP Code

_____

Phone #

Check No. _____ Fund Number: _____

IT IS THE POLICY OF COYOTE CANYON CHAPTER THAT FUNERAL EXPENSES ASSISTANCE IS $50.00 PER FAMILY.

P.O. Box 257 Brimhall NM 87310 **Telephone (505) 735-2623/2624** **Facsimile (505) 735-2627**