

Coyote Canyon Chapter

P.O. Box 257 Brimhall, NM 87310

Funeral Expense Assistance

Decease Information	
Name:	Social Security #:
Census #:	Date of Birth:
Date of Death:	Donation Meeting Date:
Funeral Service Date:	Funeral Location:
Mortuary:	Place of Burial:
Requestor Information	
Name:	Email:
Phone #:	Address:
Requestor's Signature Relation to	Date Decrease
Verification & Approval (Official Use Only)	
I certify that the decease individual is a registered voter and member of the Coyote Canyon	
Chapter.	
APPROVED	DISAPPROVED
IF DISAPPROVED:	
	STAMP HERE (OFFICE USE ONLY)
Community Service Coordinator	

It is the policy of Coyote Canyon Chapter that funeral expense assistance is \$50.00 per family. Contingent based on availability of funds. All checks are made out to the mortuary.