

LECHEE CHAPTER
P.O.BOX 4720 PAGE, ARIZONA, 86040
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FUNERAL ASSISTANCE APPLICATION FORM

Name: _____ Census: _____

Address: _____ City: _____ State: _____ Zip: _____

Physical Address of home: _____

Phone Number: _____ Message Phone: _____

Are you a registered voter with LeChee Chapter?

Yes

No

Signature of recipient: _____ Date: _____

Required Checklist	
<input type="radio"/> Program	
<input type="radio"/> Billing Statement from Mortuary	
<input type="radio"/> Chapters Voters Registration ID	

FOR OFFICE USE ONLY	
<input type="radio"/> APPROVED	<input type="radio"/> DISAPPROVED
AMOUNT APPROVED: \$ _____	
_____	_____
Chapter Manager	Date