



# Bahast'ah Chapter

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## REQUEST FOR FUNERAL EXPENSE OR BACKHOE ASSISTANCE

DECEASED MEMBER'S INFORMATION			
NAME:		CENSUS NUMBER:	
DATE OF BIRTH:	DATE OF DEATH:	FUNERAL SERVICE DATE:	
FUNERAL HOME/ PLACE OF SERVICE:			
PLACE OF INTERMENT (Family Plot / Public Cemetary):			
REQUESTOR'S INFORMATION			
REQUESTOR'S NAME:		REQUESTOR'S PHONE NUMBER:	
I am requesting for (Check one only): <input type="checkbox"/> Backhoe service <b>-OR-</b> <input type="checkbox"/> A check, payable to vendor: _____			
CERTIFICATION - Please Initial			
I certify the above deceased individual was a recognized voting member of Bahast'ah Chapter.			
I certify that I, the Requestor, am a recognized voting member of Bahast'ah Chapter.			
<b>REQUIREMENTS:</b>			
<ul style="list-style-type: none"> <li>• Submit a Chapter Facility Usage Request form as needed, if requesting to utilize Chapter House.</li> <li>• Submit copy of funeral invoice.</li> <li>• Submit copy of Deceased member's CIB.</li> <li>• Submit copy of Requestor's proof of Voter Registration. If deceased was a minor, at least one parent or guardian must be an active registered voter living within the boundaries of Bahast'ah Chapter.</li> </ul>			
<b>IMPORTANT:</b>			
<ul style="list-style-type: none"> <li>• Funeral Expense Assistance is only available as a \$100 payment to a vendor <b>OR</b> backhoe service (not both).</li> <li>• Disbursement will be made payable to Vendor.</li> <li>• No reimbursements will be paid.</li> <li>• Notify the Chapter and Grazing Official well in advanced about where the grave is to be dug (family plot or public cemetary). The Grazing Official will determine eligibility in relation to plot.</li> <li>• <i>In cases where disputes about land/property remain ongoing; the Chapter will not provide funeral assistance.</i></li> </ul>			
FOR ADMINISTRATION USE ONLY			
Approved	Denied	Reason:	
Community Service Coordinator:		Date:	
Accounts Maintenance Specialist:		Date:	
CHECK DISBURSEMENT INFORMATION			
Make check payable to:		Account Number:	
Vendor Address:		Vendor phone and fax numbers:	
Check #:	Date of Check:	<b>Check released to:</b>	

Draw a map from the Chapter House to your requested location:

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**\*\* PLEASE NOTE: If no homesite lease is available, the Grazing Official will evaluate the proposed site for inspection and determine eligibility. Requestor must be available for inspection. \*\***

**ASSESSMENT**

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED	<input type="checkbox"/>	BACKHOE REQUESTED FOR BURIAL PLOT
Land Board/ Grazing Official:				Date:	
Community Service Coordinator:				Date:	

**PROJECT REPORT**

Operator:		Date:
Equipment Used:		Beginning and Ending Work Times / Total:
Odometer Beginning:	Odometer Ending:	
Was Project Completed?: <b>Y</b> <b>N</b> (If no, explain what is incomplete, and describe any problems or concerns):		