



Bahastl'ah Chapter

P.O. Box 4424, Yah-ta-hey, NM 87375
(505) 735-2600



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 Cemetery):		

REQUESTOR'S INFORMATION	
REQUESTOR'S NAME:	REQUESTOR'S PHONE NUMBER:
I am requesting for (<i>Check one only</i>): <input type="checkbox"/> Backhoe service -OR- <input type="checkbox"/> A check, payable to vendor: _____	
CERTIFICATION – Please initial	
<input type="checkbox"/>	I certify the above deceased individual was a recognized voting member of Bahastl'ah Chapter.
<input type="checkbox"/>	I certify that I, the Requestor, am a recognized voting member of Bahastl'ah Chapter.

REQUIREMENTS:

- Submit a Chapter Facility Usage Request form as needed, if requesting to utilize Chapter House.
- Submit copy of funeral invoice.
- Submit copy of deceased member's CIB.
- 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 Bahastl'ah Chapter.

IMPORTANT:

- Funeral Expense Assistance is only available as a \$100 payment to a vendor **OR** backhoe service (not both).
- Disbursement will be made payable to the Vendor.
- No reimbursements will be paid.
- Notify the Chapter and Grazing Official well in advance about where the grave is to be dug (family plot or public cemetery). The Grazing Official will determine eligibility in relation to plot.
- *In cases where disputes about land/property remain ongoing, the Chapter will not provide funeral assistance.*

FOR ADMINISTRATION USE ONLY				
<input type="checkbox"/>	Approved	<input type="checkbox"/>	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:	Check released to:

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
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Land Board / Grazing Official:	Date
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Community Service Coordinator:	Date:
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PROJECT REPORT

Operator:	Date:
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Equipment used:	Beginning and Ending Work times / Total:
Odometer Beginning:	

Odometer Ending:

Was project completed? **Y N** (If no, explain what is incomplete, and describe any problems or concerns):