



**P.L. 93-638 Burial Assistance
Financial Assistance Unit
Navajo Division for Children and Family Services**



REQUIRED DOCUMENTATION FOR DECEDENT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Driver's License/Identification Card (ID) |
| <input type="checkbox"/> | Social Security Card |
| <input type="checkbox"/> | Certificate of Indian Blood (CIB) or Tribal ID |
| <input type="checkbox"/> | Most Recent Income Verification |
| <input type="checkbox"/> | Verification of Residence - Obtain from Chapter House or Community Development |
| <input type="checkbox"/> | Statement of Funeral Goods (from Mortuary) |
| <input type="checkbox"/> | Invoice from Mortuary |

***NOTE: If Stillborn, use Biological Mother's Census Number**

Email Application and supporting documents to:
Burial_Submissions@ndcfs.org

**Division for Children and Family Services - Financial Assistance Unit
PO Box 2547; Window Rock, AZ 86515 * 928.871.6556**



Navajo Division for Children and Family Services

Financial Assistance Unit

P.L. 93-638

Burial Assistance Application

CIF#

Date Received

A. Decedent Information

| | | | | | |
|------------------|-------------------|----------------------------|------------------------|---------------|-----|
| Name | | DOB | Social Security Number | Census Number | |
| Physical Address | | | City | State | Zip |
| Date of Death | | Place of Death | | | |
| Date of Funeral | Place of Services | | Burial Location | | |
| Type of Income | | Gross or Net Income Amount | | | |

NDCFS FAU will assist with Burial Expenses, not to exceed \$2,500.00 ALL funds are contingent upon availability

B. Applicant Information

| | | | | | |
|------------------------|---------------------|--------------------------|----------------|-----|--|
| Name | | Relationship to Decedent | | | |
| Mailing Address | | City | State | Zip | |
| Telephone | Alternate Telephone | | E-Mail Address | | |
| Applicant Name (Print) | | Applicant Signature | | | |

C. Mortuary - to be filled out by Mortuary Personnel

| | | | | | |
|---|------------------------------------|--|-------|-----|----------------------|
| Name of Mortuary | | E-Mail | | | |
| Mailing Address | | City | State | Zip | |
| Telephone | Fax | Contact Person | | | |
| Type of Services - Select One | | | | | |
| <input type="checkbox"/> Standard Burial Packet | <input type="checkbox"/> Cremation | <input type="checkbox"/> Native Traditional Burial | \$ | | |
| Special Needs | | | | | |
| <input type="checkbox"/> Oversize Casket | <input type="checkbox"/> Stillborn | <input type="checkbox"/> Ziegler Case | \$ | | |
| | | | | | TOTAL COST \$ |
| | | | | | REMAINING BALANCE \$ |

Explain any changes from Mortuary's Burial cost amount

D2. Certification - Read and Initial each statement

_____ There will be no further charge(s) assessed or not disclosed to FAU. The charges shown are the total charges assessed by the Mortuary, including all charges by outside parties.

_____ Further there are no additional services, merchandise, or miscellaneous charges ordered by the family, after the fact, other than those disclosed by the Mortuary.

_____ The applicant was informed of the Navajo Nation Burial Assistance criteria.

D3. Name of Authorized Mortuary Official, Title (Print)

| | | |
|------------------------|-----------|------|
| Name and Title (Print) | Signature | Date |
|------------------------|-----------|------|

TO BE FILLED OUT BY FAU SENIOR CASEWORKER

| | | |
|----------------------|-------------|-------------------|
| Date Approved | Date Denied | Reason for Denial |
| FAU SCW Name (Print) | | FAU SCW Signature |