



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

Quechan Social Services

P.O. Box 1899

Yuma, Arizona 85366-1899

Phone (760) 572-0201 Ext. 207

Fax (760) 572-0049

REQUEST FOR FUNERAL ASSISTANCE

1. Must be a Quechan Tribal Member

2. Must be 18 Years of age or older

3. Must present Funeral Announcement

Name: _____

Enrollment #: 696 - ____ - ____

D.O.B: _____

Address: _____

Phone: (____) ____ - ____

City/State/Zip

Assistance for the Funeral of _____

(Name of Deceased)

Please list relation to deceased: _____

Date of Service: _____

Place of Service: Quechan Big House

Other: _____

I am requesting assistance in the amount of:

_____ \$100 (50+ mile radius from address. Assistance is to be used strictly for travel only.)

_____ \$1,500 (Designated family member for Traditional Services)

_____ other Amount: \$ _____

Purpose: _____

If I am unable to pick up my funeral assistance check, I give permission to release my check to the following person(s): _____

Certification: I certify that all information is true. I am aware that willfully and knowingly false information may lead to the rejection of my application and that an incomplete application may result in the rejection of the application. I understand that all receipts are required to be submitted to the office within 5 business days.

Signature

Date