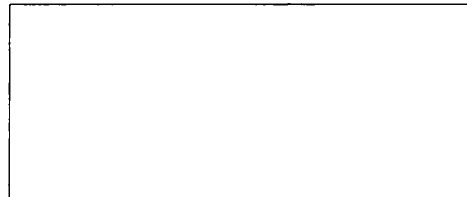


LUKACHUKAI CHAPTER
P. O. Box 248 Lukachukai, Arizona 86507
Telephone: (928)787-2500 Fax: (928) 787-2332
Email: lukachukai@navajochapters.org



CHAPTER FINANCIAL ASSISTANCE FORM

NAME: _____ CENSUS: _____
ADDRESS: _____
TELEPHONE: _____ Are you a registered voter? Yes No

TYPE OF ASSISTANCE: Check Only One

Burial Assistance

Decease's Name: _____ Census #: _____
Funeral Service Date: _____ Funeral Home: _____
Place of Burial: _____ Date of Death: _____

Public Assistance

Purpose of Assistance: _____

Medical (Travel)

Hospital: _____ Date: _____
Location: _____

Burn Out

Explain: _____

PLEASE PROVIDE SUPPORTING DOCUMENTS TO ALL REQUESTS

I hereby certify that the above information is true and given to be used for the consideration of Chapter Financial Assistance Request.

Requestor's Signature

Date

OFFICE USE ONLY

Account Number: _____

Amount of Assistance: **\$100.00 or less**

Signature of Chapter Administration

Date

Approved by Chapter Official

Date