Lukachukai Chapter
PO Box 248 Lukachukai, Arizona 86507
Phone: (928)787-2500 Fax: (928)787-2332
Email: lukachukai@navajochapters.org

LUKACHUKAI COMMUNITY CEMETERY BURIAL AUTHORIZATION

DATE:_____

You are hereby authorized and instructed, subject our rules and regulations, to inter the remains of _____ (deceased name) ground burial at Lukachukai Community Cemetery located in Lukachukai, Arizona.

Date of Burial Service: _____Time: _____

Name of Funeral Home: _____

Address of Funeral Home: _____

Phone #: _____ Fax #: _____

I hereby represent that I am of the same and nearest degree of relationship of the above name decedent. I have the legal right to make this authorization and this is your authority to make disposition of the remains of the decedent as above indicated. I agree to become personally responsible for the above interment order and to hold the Lukachukai Chapter free from any liability on the account of this authorization and interment.

Requester's Name: _____Phone #: _____

Address:_____

_____	_____	_____
Signature	**Relation to Deceased**	**Date**

FOR OFFICE USE ONLY

BURIAL PLOT FEE:

Veteran (Provide Copy of DD214)	**No Fee**
Registered Voter of Lukachukai Chapter	**$25.00**
Non-Registered Voter	**$50.00**
Non-Community Individual	**$75.00**

( ) Approved Amount Paid: $_____ Receipt #:_____

( ) Denied Reason:_____

_____	_____
Approved: Chapter Administration or Chapter Officials	**Date**