

**TEESTO CHAPTER
FINANCIAL ASSISTANCE
REQUEST FORM**

FUNERAL ASSISTANCE

Date: _____

Name: _____

Address: _____

Phone: _____

I, _____ hereby request financial assistance from Teesto Chapter. I am requesting \$ _____, for financial funeral assistance.

Deceased Name: _____ Census No. _____

Name/ Address of Mortuary: _____

I certify that the assistance I receive will be used for the purpose stated above.
Thank-you,

_____ Signature _____ Census No. _____ Social Security No. _____

OFFICE USE ONLY

Received By: _____ Date: _____

_____ Approved Check #: _____ Amount: _____
_____ Denied

Reason for Denial: _____

***NOTE: Your request for Financial Funeral Assistance must be submitted with an estimate from the Funeral Director.