



# Leupp Chapter

## Funeral Expense Request Form



Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Census Number: \_\_\_\_\_

Location of Residence: \_\_\_\_\_  
Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Has any member of your Household received Financial Assistance from the Leupp Chapter within the last year?

Whom: \_\_\_\_\_ Type: \_\_\_\_\_

### OFFICIAL USE ONLY

Verified: Voter Registry  Vendor Account  Supporting Documents

APPROVED:  DISAPPROVED:  Reason: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_

\_\_\_\_\_  
Leupp Chapter Manager

\_\_\_\_\_  
Date: