



## APPLICATION FOR FUNERAL/BURIAL SERVICES EXPENSES

### REQUESTOR'S INFORMATION

NAME: _____	DATE SUBMITTED: _____		
ADDRESS: _____	_____		
Street Number	City	State	Zip Code
EMAIL ADDRESS: _____	TELEPHONE NUMBER: _____		
RELATIONSHIP TO DECEDENT: _____			

### DECEDENT'S INFORMATION

NAME: _____	DATE OF DEATH: _____
CAUSE OF DEATH: _____	
LASD CONTACT INFO AND REPORT NUMBER (IF KNOWN): _____	
DATE OF BIRTH: _____	SSN: _____

### NEXT OF KIN INFORMATION

NAME OF NEXT OF KIN: _____			
RELATION TO DECEDENT: MOTHER FATHER SPOUSE CHILD OTHER: _____			
ADDRESS: _____	_____		
Street Number	City	State	Zip Code
EMAIL ADDRESS: _____	TELEPHONE NUMBER: _____		
IF OTHER THAN REQUESTOR, DATE NOTIFIED OF REQUEST: _____			

### FOR DEPUTY DIRECTOR'S USE ONLY

AMOUNT REQUESTED: _____	DATE AUTHORIZED: _____
AUTHORIZED BY: _____	SIGNATURE: _____
Printed Name	

BURIAL ALLOWANCE IS A ONE-TIME BENEFIT PAYMENT PAYABLE TOWARD THE EXPENSES OF THE FUNERAL AND BURIAL OF THE DECEDENT'S REMAINS. BURIAL INCLUDES ALL LEGAL METHODS OF DISPOSING OF THE REMAINS.