

APPLICATION FOR FUNERAL/BURIAL SERVICES EXPENSES

REQUESTOR'S INFORMATION

NAME:	Г	ATE SUBMITTED:	
ADDRESS: Street Number	City	State	Zip Code
EMAIL ADDRESS:	TELEPHONE NUMBER:		
RELATIONSHIP TO DECEDENT:			
	DECEDENT'S INFOR	MATION	
NAME:	DATE OF DEATH:		
CAUSE OF DEATH:			
LASD CONTACT INFO AND REPORT NUMBE	ER (IF KNOWN):		
DATE OF BIRTH:	SSN:		
	NEXT OF KIN INFOR	ΝΑΛΤΙΟΝΙ	
NAME OF NEXT OF KIN: RELATION TO DECEDENT: MOTHER FA ADDRESS:	THER SPOUSE CH	LD OTHER:	
Street Number	City		Zip Code
EMAIL ADDRESS:		_ TELEPHONE NUMBER: _	
IF OTHER THAN REQUESTOR, DATE NOTIFI	ED OF REQUEST:		
	PAYMENT INFOR	MATION	
VENDOR NAME:	VENDOR ID:		
	FOR DEPUTY DIRECTO	R'S USE ONLY	
AMOUNT REQUESTED:		R'S USE ONLY THORIZED:	
AMOUNT REQUESTED:	DATE AU	THORIZED:	

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.