

SCHEDULE I

COST REIMBURSEMENT FORMULA
(To Be Completed By The Funeral Home)

A. FUNERAL HOME

Name: _____
Address: _____
Phone # : _____
Fax: _____

B. DECEASED

Name of Deceased: _____
Date Deceased: _____

C. RESPONSIBLE PARTY

Spouse: _____
Spouse's Contact #: _____
Other Contact #: _____

D. REIMBURSEMENT CHARGES

Specify if Burial or Cremation: _____
Funeral Charges: _____
Opening & Closing Fee: _____
Total Requested: _____

SCHEDULE II

GENERAL APPLICATION/QUESTIONNAIRE

(To Be Completed By Responsible Party, Family Member or Funeral Home)

A. DECEASED AND RESPONSIBLE PARTY'S INFORMATION

1. Name of Deceased: _____
Address: _____
City, State & Zip: _____
S.S. # : _____
D.O.B: _____
Phone # : _____

2. Spouse(if applicable): _____
Address: _____
Phone #: _____

3. Parents (if a Minor): _____
Address: _____
Phone #: _____

B. RESIDENCE (residential history one year prior of death)

	1. Address	City/State	From/To	Rent/Own
Most Recent	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

C. OCCUPATIONAL HISTORY: (list all employers during the one year prior to death)

	1. Employer	Address	From/To
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

DECEASED

	Employer	Address	From/To
	_____	_____	_____

SPOUSE
(if applicable)

	Employer	Address	From/To
	_____	_____	_____

PARENT
(if applicable)

_____	_____	_____
_____	_____	_____

BREAKDOWN OF MONTHLY EARNED & UNEARNED INCOME FROM ALL SOURCES

D.

	MTHLY AMT.	PERSON RECEIVING BENEFITS
1. AFDC	_____	_____
FOOD STAMPS	_____	_____
WIC	_____	_____
GENERAL ASSISTANCE	_____	_____
CHILD SUPPORT	_____	_____
SOCIAL SECURITY	_____	_____
RETIREMENT	_____	_____
S.S.I.	_____	_____
DISABILITY	_____	_____
UNEMPLOYMENT BENEFITS	_____	_____
RENTAL INCOME	_____	_____
WORKMAN'S COMPENSATION	_____	_____
MILITARY RETIREMENT	_____	_____
OTHER	_____	_____
EXPLANATION OF OTHER INCOME:	_____	

2. ASSETS

CASH ON HAND _____
 SAVINGS BALANCE _____
 CHECKING ACCOUNT BALANCE _____
 NAME OF BANK _____
 ACCOUNTY # _____

3. LIFE INSURANCE CASH VALUE:

POLICY # _____
 INS. COMPANY'S NAME _____
 DEATH BENEFIT _____

4. REAL ESTATE VALUE:

ADDRESS	OWN OR BUYING
_____	_____
_____	_____
_____	_____

5. ACKNOWLEDGEMENT

I hereby verify that all of the information requested above, is truthful and accurate.

Spouse's Signature _____ Date _____

Family Member's Signature _____ Date _____

 Witness Signature

**State of New Mexico
 of Lea County**

Signed or attested before me on _____ day of _____, 2011. by _____

Notary Public

My Commission Expires