



Rock Point Chapter Government Financial Assistance Request



Applicant Information

Complete All & Print Clearly

Applicant's Name: _____ Today's Date: _____

Current PO Address: _____

Contact Number: _____

Are You Registered with Rock Point Chapter? Yes No

Please Check One of the following Assistance you are Requesting:

Financial Assistance

Burial Assistance

Office Stamp Only

Please State how the monetary assistance will be utilized:

FOR BURIAL ASSISTANCE ONLY!

Deceased Name: _____ Date of Death: _____

Funeral Home Address: _____

Was the deceased a registered voter of Rock Point Chapter? Yes No

By Signing Below, I have read the Rock Point Chapter's Plan of Operation for Financial Assistance and a Registered voter of this chapter.

Requestor's Signature

Date

FOR OFFICE USE ONLY

Amount Approved: _____
Fund Code: _____

Date of Approval: _____

Accounts Maintenance Specialist's Signature

Date

Community Services Coordinator's Signature

Date