



APACHE COUNTY BURIAL ASSISTANCE APPLICATION

48 HOUR NOTICE REQUIRED. COUNTY IS ONLY RESPONSIBLE FOR THE DIGGING OF THE GRAVE & SOMEONE WILL NEED TO BE AT THE SITE WITH OUR OPERATOR.

RESPONSIBLE PARTY'S INFORMATION

NAME: _____

ADDRESS: _____
P.O. BOX/STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: _____ ALTERNATE NUMBER: _____

\$150.00 SERVICE & EQUIPMENT FEE

INITIAL _____ Family understands, all County business and road issues shall take precedent over any burial assistance and may only be provided when allowable.

ONLY PERTAINS TO FAMILY PLOTS

APPROVED DISAPPROVED

GRAZING OFFICIAL: _____ DATE: _____

INITIAL _____ Family understands, they need to obtain grazing official signature for family plots. If not obtained, burial can't be provided.

DESCENDANT'S INFORMATION

NAME: _____ CHAPTER: _____

LOCATION INFORMATION - MAP ON REVERSE SIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____

BURIAL SITE: _____

TIME OF SERVICE: _____ DIMENSIONS: _____

Disclaimer: I acknowledge that the information provided is true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY - ASSESSMENT

ROAD CONDITION: _____

ASSESSED BY: _____

APPROVED CONCURRED:

DISAPPROVED

OPERATIONS MANAGER _____

OPERATIONS MANAGER _____

DATE _____

IF DISAPPROVED STATE REASON: _____



APACHE COUNTY BURIAL ASSISTANCE MAP

