



RIO ARRIBA COUNTY

BURIAL CLAIM

**1122 INDUSTRIAL PARK ROAD
ESPANOLA, NEW MEXICO 87532**

PHONE: 753-2992 Fax: 505 753-9397 email smvigil@rio-arriba.org

DECEASED

NAME: LAST FIRST DATE OF DEATH

AGE ADDRESS

PERSON RESPONSIBLE FOR DEBT:

NAME LAST FIRST SOCIAL SECURITY #

AGE ADDRESS

AMOUNT OF MORTUARY STATEMENT: _____

**TOTAL AMOUNT PAID BY: _____ / _____ / _____
INSURANCE OTHER BALANCE DUE**

MONTHLY REVENUE: _____

MONTHLY EXPENSES:

UTILITIES _____
RENT _____
MEDICAL _____
TOTAL _____

PERSON RESPONSIBLE SIGNATURE

AUTHORIZED MORTUARY SIGNATURE