RIO ARRIBA COUNTY  
BURIAL CLAIM  
1122 INDUSTRIAL PARK ROAD  
ESPAÑOLA, NEW MEXICO 87532  
PHONE: 753-2992 Fax: 505 753-9397 email smvigil@rio-arriba.org

**DECEASED**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>DATE OF DEATH</th>
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AGE_______ ADDRESS__________________________________________________________

**PERSON RESPONSIBLE FOR DEBT:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>SOCIAL SECURITY #</th>
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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