



**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

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