# NATURAL BURIAL NH

## Program Fund Request Application

All supported giving applications must be accompanied by documentation. Amounts awarded will be determined by the NBNH Board of Directors based on demonstrated need and availability of funds.

Name of deceased: _____

Contact: _____ Phone: _____

Email: _____ Agency: _____

**Guardianship Burial Support:** $_____

- ☐ Copy of the interment contract
- ☐ Copy of death certificate
- ☐ Proof of guardianship
- ☐ Record of burial

**Veteran Burial Support:** $_____

- ☐ Copy of the interment contract
- ☐ Copy of death certificate
- ☐ Proof of service/discharge records
- ☐ Copy of government provided benefits
- ☐ Record of burial

**Infant/Child Burial Support:** $_____

- ☐ Copy of the interment contract
- ☐ Copy of death certificate
- ☐ Copy of the birth certificate
- ☐ Record of burial

**Indigent Burial Support** $_____

- ☐ Copy of the interment contract
- ☐ Copy of death certificate
- ☐ Proof of public welfare assistance
- ☐ Record of burial