



7301 W. 25th Street, Suite 321  
North Riverside, IL 60546

847-577-6464  
Fax: 847-577-6694

## Burial Assistance Application

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Relation to deceased: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of the applicant: \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Job/ Position of deceased: \_\_\_\_\_

Documents needed to process application:

Current IRB License \_\_\_\_\_

Copy of the Funeral home bill \_\_\_\_\_

Death Certificate \_\_\_\_\_

If the departed was not a trainer, please write the first and last name of hiring trainer:

\_\_\_\_\_

By signing this form, you understand the following:

Simply filling this form DOES NOT guarantee burial assistance will be provided.

Burial assistance must be approved by the Board of the IBCF.

Failure to provide all required documents could result in denial of burial assistance.

IF assistance is provided a check will be written to the funeral home and you will be reimbursed by the funeral home.

Signature of applicant: \_\_\_\_\_

*Patti Miller*  
**President**