NAME OF DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_

IS DECEASED BOROUGH RESIDENT? Yes No

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK TO BE MADE OUT TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE: APPROVED DENIED

# **The Borough will not be responsible for deliver or pick up of donation requests,**

**also the assembly will be notified of the amount and your name.**