



THE NAVAJO NATION TOHATCHI COMMUNITY CHAPTER

Post Office Box 287 Tohatchi, New Mexico 87325

Tel: (505) 733-2845/2846 FAX: (505) 733-2847

Harry "Sonny" Moore, Jr, President W. Mike Halona, Vice President Jean Crawford., Secretary/Treasurer Pernel Halona, Council Delegate Gerald Moore, Grazing

BURIAL ASSISTANCE PROCEDURES

1. The family member of the deceased who is requesting for burial assistance shall fill out a Chapter Heavy Equipment Request Form and submit to the Chapter Administration.
2. If Family are requesting for Family Plots, Administrative Staff will need to ask for a copy of the Land Withdrawal before taking any application in hand. Family Member would also need to contact the Grazing Official to approve the site of burial if on private land.
(All Family Burial Plots shall follow the Land Withdrawal Designation Regulations.) If there are any disputes about land/property regarding the family plot burial; the Chapter will deny the request. Chapter will not be liable for any disputes or family issues. Chapter can deny the request for family plot burial and will request to family to have burial done in the community cemetery.
3. The Office Staff will stamp the application of acceptance and all required documents.
4. The completed request form shall be forwarded to the Community Service Coordinator for final approval.
5. Should the Community Service Coordinator not be available, the Chapter President shall have the authority to approve or disapprove the request.
6. The Heavy Equipment Operator will then be notified and documents will be given to him/her and proper documentation shall be completed after work is done with the project report.

7. Family needs to appoint someone to be at burial with operator to assist.

8. A copy of the Chapter Burial Request Form can be faxed to the Mortuary.

Payment Process:

1. If the decedent was over the age of 18 and has been a registered voter of Tohatchi Chapter; the usage of backhoe will be waived. Now, if the decedent was a minor, the parent(s) must be registered member of Tohatchi Chapter to waive the backhoe services.
2. If the decedent is NOT a Registered Voter then the fee will be \$178.08 for backhoe services by money order written to Tohatchi Chapter.
3. There is No Fee for Tohatchi Cemetery Plot. There is no preference as well when putting a person to rest.

I, _____ understand the burial assistance form that Tohatchi Chapter staff as explained and will submit the required documents to the Chapter (3) three days before the funeral service.

Chapter Staff Signature: _____ Date: _____

Requestor Signature: _____ Date: _____



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Harry "Nomas" Moore, Jr. President

W. Mike Haloma, Vice President

Jean Crawford, Secretary/Treasurer

Pernell Haloma, Council Delegate

Request for Backhoe/Burial Approval Form

DECEASED MEMBER'S INFORMATION

NAME:		CENSUS NUMBER:
DATE OF BIRTH:	DATE OF DEATH:	FUNERAL SERVICE DATE:
FUNERAL HOME/PLACE OF SERVICE:		
PLACE OF INTERMENT (Public Cemetery/Family Plot):		

Land Withdrawal of family plot attached **(Requires Grazing Officer Approval)**

REQUESTOR'S INFORMATION

REQUESTOR'S NAME:	REQUESTOR'S PHONE #:
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- Deceased Member is a Registered Voter of Tohatchi Chapter
- Deceased Member is NOT a Registered Voter What Chapter: _____
- If the Decease is under 18 years of age, are parent(s) registered voters of Tohachi.

PAYMENT

Registered Voter: Fees are Waived for Backhoe services.

Non – Registered Voter: Payment of \$178.08 for Backhoe services.
Money Order is only Accepted written to: Tohatchi Chapter. **Payment In Advance**

Money Order #: _____ Receipt #: _____

Date Paid: _____ Staff Initial: _____

ASSESSMENT

APPROVED DENIED **FOR BACKHOE REQUEST FOR BURIAL PLOT**

Land Board/Grazing Official: _____ Date: _____

CSC/Chapter President: _____ Date: _____

PROJECT REPORT

Operator Name:

Date:

Equipment Used:

Beginning and End Work Times/Total

Odometer Beginning:

Odometer Ending:

Was project completed? Y N (explain in details on work completed and if there any problems or concerns):

Community Cemetery

Private Family Plot

Equipment Operator Signature: _____

Date: _____

CSC Signature: _____

Date: _____