

TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811 www.conwaynh.org

165:27-a, Assignment for Funeral and Burial or Cremation expenses

	ESTATE OF			
		Name of Deceased		
	AFFIDAVIT OF	Name of Applicant		
		Name of Applicant		
I	, Fune	eral Director for	Name of Funeral Home	
Name of applicant		_	Name of Funeral Home	
am a licensed funeral di	irector in Maine / NH (cir	cle or delete one	e).	
		will provide bu	rial or cremation services for	
Name of Funeral Home				
		, who lived at_	Physical Address	who
Name of Deceased			Physical Address	
	, and died on _		<u>.</u>	
XX-XX-XXX		XX-XX-XXXX		
			ly represents the charge for services on behalf of	
	Name of Service Prov	vider		
Name of Deceased	<u>.</u>			
	report	tedly has liquid a	ssets on account with	
Name of Deceased	I			

Pursuant to NH RSA 165:27-a,	Assignment for Funeral a requests payment of lic	nd Burial or Cremation expenses, Juid assets of
Name of Service Provider		Name of Deceased
In the possession of	to pay the balance due for funeral and	
burial or cremation services.		
Further the affiant sayeth not.	Dated:xx-xx-xxx	x Signature Authorized for:
STATE OF NH COUNTY OF		
authorized for		Indersigned officer, personally appeared, known to me (or satisfactorily proven) to be and who, after being duly sworn, did verify the accuracy
and completeness of the above sta		and who, aller being duly sworn, did verify the accuracy

In witness whereof I have hereunto set my hand and official seal.

Notary Public / Justice of the Peace My Commission Expires: