



Hoopa Valley Tribe

PO BOX 1348, HOOPA CA 95546 • WWW.HOOPA-NSN.GOV



BURIAL REQUEST

Name of deceased: _____

Date of funeral: _____

Cemetery: _____ Time: _____ AM _____ PM _____

Instructions for gravesite:

Need assistance with:

Site: _____ Backhoe: _____ Grave box: _____ Urn Box: _____ Other: _____

Person requesting assistance: _____

Address: _____

Phone: _____

Approved by: _____ Date: _____

Hoopa Valley Business Council