



State of Nevada Victims of Crime Program

Claim for Survivor Benefits

Use this form when requesting assistance for dependents of deceased victim.

Victim Name:	VOCP Claim #
--------------	--------------

If the victim was contributing to the financial support of dependents at the time of death, please complete the following. Si la víctima contribuía a la manutención de dependientes a la hora de su fallecimiento, favor de completar el siguiente.

Name of Dependent Nombre del Dependiente:	Date of Birth Fecha de Nacimiento:	Address Dirección:	Relationship to Victim. Relación con la Víctima:

Please list all funeral expenses and out of pocket payments made as a result of this crime. Favor de anotar todos los gastos de funerarios no pagados, así como los pagos ya efectuados como resultado de este crimen. **Favor de anexar las facturas, si es que están disponibles. Please attach bills or receipts.**

Provider of Services Proveedor de Servicios:	Telephone Teléfono:	Paid By Pagado por:

The information provided herein is true and accurate to the best of my information and belief

Signature:	Print Name:	Date:
Telephone #	Address:	

Mail to: VOCP P O Box 94525 Las Vegas, NV 89193-525	Fax to: <input type="checkbox"/>	Scan and email to: applications@voc-net.com
--	--	---