



State of Illinois
Department of Human Services

**MURDERED CHILDREN FUNERAL AND BURIAL ASSISTANCE PROGRAM -
REQUEST FOR ADDITIONAL INFORMATION**

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Decedent Name: _____ Regarding Eligible Survivor: _____
Date of Death: _____

Your claim for payment of funeral/burial and/or cremation services on behalf of the above-identified decedent is being returned for required information so that your claim can be processed. According to the Department's policy (PM 06-38-02), you have 30 days from the date of this letter to return the additional information or your claim will be denied.

The reason for this action is:

Department Representative: _____
Address: _____
Phone Number: _____ Fax Number: _____