



BURIAL ASSISTANCE APPLICATION FORM

Deceased Delaware Member Information

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____ Date of Birth: _____ Age: _____

Burial:

- Provides burial assistance for Delaware Tribal members. The family may apply for up to \$500. The funds may be applied to expenses as is most beneficial to the family. (IE: funeral services, meals, wake, grave marker etc.). **Documentation must be provided, including death certificate or obituary.** Payment will be made as designated by the immediate family.

Required Documentation:

- ✓ If payment is to be made to a vendor, a copy of billing receipt or estimate **MUST** accompany the application.
- ✓ Copy of a photo ID (Driver's license) and Tribal enrollment card of the deceased **MUST** accompany the application. Contact Enrollment Office for Cards.
- ✓ Copy of death certificate or obituary.

Incomplete applications are not considered.

- Approval of application must be obtained prior to the service payment.
- Non-Tribal members are not eligible for services.

Vendor/Applicant Name: _____ Vendor/Applicant Phone: _____
(To whom check should be issued).

Address: _____ City: _____ State: _____ Zip: _____

Any tribal member purposely attempting to defraud the committee will be ineligible for any community service program for a period of one (1) year. (Applications are subject to change)

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied by: _____ Date: _____

Reason for Denial: _____

Revised: March 2016-AAK