



DELAWARE TRIBE OF INDIANS

Community Service Committee

5100 Tuxedo Blvd

Bartlesville, OK 74006

918-337-6590

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 \$750. 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.
- Applications must be filled out and signed by an adult (18 years and over or Legal Guardian).
- Deceased must have been a registered tribal member of the Delaware Tribe of Indians to apply.

Vendor/Family Member Name *(To whom check should be issued)*: _____

Phone: _____ E-Mail: _____

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: _____

BURIAL ASSISTANCE APPLICATION FORM

Family Member Requesting Assistance

Relationship to Deceased: _____

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Phone Number: _____

E-Mail Address: _____

By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of my knowledge.

Signature (Must be 18 and over or Parent/Legal Guardian)

Date