



BURIAL ASSISTANCE APPLICATION FORM

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Applicant Phone: _____

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. Payment will be made as designated by the immediate family.

Required Documentation:

- ✓ Copy of service provided billing/estimate or receipt. Provider name, address, phone, contact person and date of service **MUST** accompany the application.
- ✓ Copy of a photo ID (Driver's license, tribal photo ID) and Tribal enrollment card **MUST** accompany the application. Contact Enrollment Office for Cards.

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/Provider Name: _____

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

**Applications are approved on a case by case basis. Emergency applications are considered as received. 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: July 2015