



## 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.
- Non-Tribal members are not eligible for services.

Vendor/Family Member: \_\_\_\_\_ Applicant Phone \_\_\_\_\_  
(To whom check should be issued). Email Address \_\_\_\_\_

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: April 2019- AB