

**KAW NATION
BURIAL ASSISTANCE APPLICATION**

The next of kin making application requests assistance for burial of the named deceased:

NAME OF DECEASED: _____ MAIDEN NAME: _____

DATE OF DEATH: MONTH _____ DAY _____ YEAR _____

DEGREE OF KAW BLOOD: _____ KAW ENROLLMENT NUMBER: _____

BIRTHDATE OF DECEASED: MONTH _____ DAY _____ YEAR _____

LAST KNOWN ADDRESS OF DECEASED: _____

* * * * *

DATE OF FUNERAL: _____

NAME & ADDRESS OF FUNERAL HOME: _____

* * * * *

NEXT OF KIN: _____

ADDRESS: _____

TELEPHONE #: _____

RELATIONSHIP TO DECEASED: _____

SIGNATURE OF APPLICANT: _____

DATE OF APPLICATION: _____

* * * * *

FOR OFFICE USE ONLY (THE FOLLOWING CANNOT BE TYPED)

APPROVED: YES _____ **NO** _____ **DATE APPROVED:** _____

TOTAL AMOUNT APPROVED: \$ _____ **ACCOUNT #: 10.6630**

APPROVED BY: _____ **TITLE:** _____

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ELIGIBILITY REQUIREMENTS FOR BURIAL ASSISTANCE

When applying for burial assistance please include the following when returning the application:

Completed application (to be completed by a family member)

Copy of the deceased Kaw Nation membership card or list enrollment number

Copy of the death certificate

Copy of invoice from the funeral home showing amount of funeral expenses

The maximum amount paid for burial assistance is \$3,000.00. Checks are mailed directly to the funeral home.

Please return information to:

Kaw Nation
Social Services Department
P.O. Box 50
Kaw City, OK 74641