



Caddo Nation of Oklahoma

P.O. Box 487 | Binger, OK 73009
P (405)345-9861 | F (405)656-0960

BURIAL ASSISTANCE APPLICATION

The Caddo Nation Enrollment/Burial Department handles all Burial Applications for tribal members. To be eligible for Burial Assistance Benefits, the Decedent must be an Enrolled Member of the Caddo Nation of Oklahoma. The Burial Assistance Application must be complete and signed by the Person Responsible for the Burial Arrangements for the Decedent and then submitted to the Caddo Nation Burial Benefits Assistance Program. Burial Benefits payable from the Tribal Burial Fund will be up to \$2,000.00 per tribal member. Such Benefits include Direct Cost of Burial and related costs of funeral and/or burial stated on the Funeral Home Invoice. There must be a remaining balance of \$2,000.00 or less on the invoice and payment will be made directly to funeral home only. No Reimbursement is made directly to the family. If Funeral Home has any questions about payment, please have them contact the Caddo Nation prior to making funeral arrangements as we do not reimburse once payment has been made in full. For questions, please contact:

Caddo Nation Enrollment Office

P.O. Box 487

Binger, OK 73009

Telephone (405)345-9861

Enrollment Fax (405)656-0960

<mailto:enrollment@mycaddonation.com>

Instructions and information

CRITERIA: To be eligible for Burial Assistance Benefits, the Decedent must be an Enrolled Member of the Caddo Nation of Oklahoma. Burial Assistance Application should be completed and Signed by the Person Responsible for the Burial Arrangements for the Decedent and Application must be completed within one (1) year of passing and submitted to:

Caddo Nation of Oklahoma

Burial Benefits Assistance Program

ATTN: Enrollment Office

P.O. Box 487

Binger, OK 73009

Benefits payable from the Tribal Burial Fund will be up to \$2,000.00 per Decedent, Such Benefits include Direct Cost of Burial and related costs of funeral or burial.

Decedent Information:

Full Name					
Address at time of Death				City	
State				Zip	
Date of Birth		Roll Number		Date of Death	
Caddo Blood Degree		Name of Spouse			

Evidence of Death:

Please attach the following to the Burial Application:

- Original Invoice from the Funeral Home
- Original State Death Certificate
- And other evidence verifying Decedent’s Death
 - (i.e. newspaper article regarding death (including name and address of newspaper) or a Notarized Affidavit of Death signed by three (3) persons having knowledge of the death of the Decedent.)

PERSON COMPLETING APPLICATION INFORMATION:

Full Name			
Address		City	
State		Zip	
Telephone		Relationship to Decedent	

Funeral Home			
Address		City	
State		Zip	
Phone		Fax	

Signature of Person Completing Application

Date

Enrollment Department Signature

Date

FOR OFFICE USE ONLY

Date Application Received: _____	Approved	Disapproved
Check Number: _____	Check Amount: _____	Date Check Mailed: _____
Mailed to: _____		
Enrollment Signature: _____	Date: _____	