



Request for Burial Assistance

Name: _____

Date: _____

Address: _____

Phone #: _____

Deceased Member: _____

Date Deceased: _____

Local Tribal Member \$2500

Out of town Tribal Member \$1250

Pay to: _____

****There is a 30 day period from the date deceased to receive the Burial Assistance Funds.****

Requested by Signature _____

Print Name _____

Approved by: _____

Administrator _____

President _____