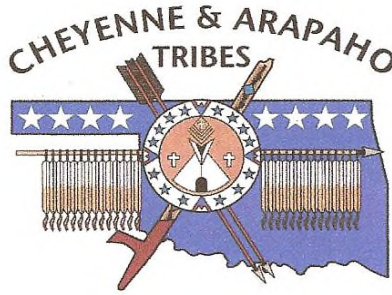


# Tribal Enrollment



P.O. Box 134  
 Concho, OK 73022  
 (405) 422-7600  
 Toll Free: (800) 247-4612  
 Fax: (405) 422-8238

## FUNERAL ASSISTANCE GRANT APPLICATION

An application must be completed prior to authorization or processing of burial assistance fund

**FUNERAL HOME HAS A MAXIMUM OF 90 DAYS FROM DATE OF BURIAL TO SUBMIT THIS APPLICATION, CERTIFIED DEATH CERTIFICATE, AND INVOICE OF SERVICES FOR PAYMENT.**

### PART A - DECEDENT INFORMATION

|                               |  |                         |             |  |
|-------------------------------|--|-------------------------|-------------|--|
| 1.                            | Full Name of Deceased:   |                         |             | Decedent's Enrollment No.:   |
|                               | First Name   | Middle (Maiden)         | Last        | Decedent's Soc. Sec. Number:   |
| 2.                            | Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/> | Military Service Dates: |             | Would you like us to contact the C&A Tribes Color Guard to perform Military Honors at the burial site?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                               | Service Branch:  | From: _____             | To: _____   |  |
| 3.                            | Age: _____   | Date of Birth: _____    |             |  |
|                               |  | Date of Death: _____    |             |  |
| 5.                            | Death location and time:   |                         |             |  |
| 6.                            | Funeral Home in Attendance:  |                         |             |  |
| Funeral Home Mailing Address: |  |                         |             |  |
| City - State - Zip Code:      |  |                         |             |  |
| Funeral Home Telephone No.    |  |                         | Fax Number: |  |

The deceased must be an enrolled member of the Cheyenne and Arapaho Tribes. In the case of infant mortality, the deceased must possess at least 1/4 Cheyenne and Arapaho blood and at least one biological parent must be an enrolled member of the Cheyenne and Arapaho Tribes.

### PART B - APPLICANT INFORMATION

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| X<br>Signature (Next-of-Kin or Responsible Party) | Date                          | Your relationship to the deceased: |
|   |                               | _____                              |
| Mailing Address: _____                            | Primary Telephone Number:     |                                    |
| City - State - Zip Code: _____                    | ( ) _____                     |                                    |
|   | Cell Phone or Message Number: |                                    |
|   | ( ) _____                     |                                    |

## PART C – SERVICE PROVIDER (FUNERAL HOME)

Name of *DECEDENT*: \_\_\_\_\_ Enrollment No. \_\_\_\_\_

**The amount allocated for each enrolled tribal member is as follows:**

- ADULTS • (Age 12 and over) up to \$7,000.00, payable to the funeral home,  
CHILDREN • (Infant to age 11) up to \$2,500.00, payable to the funeral home.

**Death Certificate**

- Please order a certified copy of the Death Certificate for the Burial Program when preparing the goods and services contract/invoice.
- Payment will be processed upon receipt of the Death Certificate to the Burial Program.

Will the C&A Tribes Cemetery Personnel open and close the gravesite? Yes  No   
(Gravesite must be in a Tribal Cemetery in the C&A Service Area and noticeably marked)

Gravesite Location \_\_\_\_\_  
Name of Cemetery \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Statement of Funeral Goods and Services**

- Attach the contract/invoice of funeral goods and services selected to this application
- Indicate if the deceased had any other forms of burial assistance, burial package, insurance, etc.

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I am aware it is my responsibility to complete this transaction in a timely manner. I understand I have 90 days from the date of burial to submit this application, along with the invoice of services and certified death certificate, for payment. If not submitted within that time, I understand payment from the Cheyenne and Arapaho Tribes, or the family of the decedent, will not be made.

I verify that the attached statement is true and correct and no cash was delivered in connection with this transaction.

Funeral Home Director Signature: \_\_\_\_\_

Funeral Home Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_