

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Burial Assistance

Delaware Nation provides burial assistance **up to \$6,500** for Delaware Nation tribal citizens. Payment will be made directly to the funeral home selected. Assistance is for burial expenses and/or marker or monument.

BURIAL ASSISTANCE AVAILABLE:

1. **PREPAID BURIAL ASSISTANCE:** An elder tribal citizen (age 60 or older) or a tribal citizen who has been diagnosed with a terminal illness may obtain assistance to purchase an irrevocable contract burial plan with a funeral home of their choice.

Required Documents:

- Copy of irrevocable contract with funeral home for cost of service
- If applicable, a letter from the tribal citizen's medical doctor stating the terminal diagnosis.
- Death Certificate (Family must request one for the tribe when the tribal citizen is deceased.)

Application may be submitted at any time by the tribal citizen.

2. **BURIAL ASSISTANCE:** A tribal citizen's next of kin may obtain assistance with funeral arrangements at a funeral home of their choice.

Required Documents:

- Invoice stating funeral home's cost for service
- Death Certificate (Family must request one for the tribe when making funeral arrangements)

Please submit application 90 days from the date of funeral service.

FAMILY DINNER:

- Family Dinner Allocation of \$250.00 will be available to the family for food. The next of kin designated on the application will receive the check for this service.

SERVICES AREA

- NATIONWIDE

Social Services
P.O. Box 825
Anadarko, OK 73005



Toll Free 1-800-203-2121
Phone (405)247-2448
Fax (405)247-5942

BURIAL ASSISTANCE APPLICATION

Name of Tribal Citizen _____

Type of Assistance Requested: Prepaid Burial Burial Assistance

Date of Birth _____ Date of Death (if applicable) _____ Age _____

Enrollment# _____ Male Female Social Security # _____

Marital Status: Married Single Divorced Widowed

NEXT OF KIN _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Payment made to:

Name of Funeral Home _____ Phone _____

Address _____ City _____ State _____ Zip _____

I certify that the information submitted on this form for participation in the Delaware Nation Tribal Burial Program, is true and correct to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Approved

Date: _____

Social Services

Tribal Administrator