

SOCIAL SERVICES DEPARTMENT

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

Burial Assistance

Delaware Nation provides burial assistance **for enrolled tribal citizens or those minors eligible to be enrolled (and not enrolled in any other tribe) up to \$6,500**. Eligibility must be determined by the enrollment department. 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:** A tribal citizen (age 60 or over) or 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
- Death Certificate (Family must request one for the tribe when the tribal citizen is deceased.)
- If applicable, a letter from the tribal citizen's medical doctor stating the terminal diagnosis

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