BURIAL ASSISTANCE GUIDELINES

- Complete and submit a Burial Assistance application within 90 days of the time of death. Application must be signed and dated by a family member or authorized representative.

- Provide CDIB or Tribal enrollment that verifies Wyandotte Nation membership for deceased individual.

- Provide copy of a death certificate for the deceased individual.

- Provide a copy of an itemized Funeral Home statement of the deceased individual.

The application is completed when all of the above information is received by the Wyandotte Nation Family Services staff. The application will be processed within 14 working days. A notice will be sent to the family of the applicant informing them when the check will be sent to the Funeral Home. A check in the amount of $1,500.00 will also be sent along with a letter to the Funeral Home stating the account for whom the check is intended. If the expenses have been paid in full then the statement must state this and a check can be mailed to the next of kin or "responsible party".

For more information, questions or concerns please contact the Wyandotte Nation Family Services Department:

Wyandotte Nation
Family Services
64700 E Hwy 60
Wyandotte, OK 74370
Phone: (918) 678-2297
Fax: (918) 678-3087

Burial Assistance Application
Wyandotte Nation
Family Services
64700 E Hwy 60
Wyandotte, OK 74370

Date: _____

Deceased Name: _____ Roll # _____

Date of Death: _____ Place of Burial:_____

Family Member
Or Representative: _____

Mailing Address: _____ Phone #: _____

_____

Funeral Home;
Name, Address &
Telephone #:   _____

_____ Phone #: _____

All information provided on this form is true and complete to the best of my
knowledge. If asked by an authorized official I agree to provide proof of the
information I have provided on this form. I agree to notify the Wyandotte Nation of
any change in the above information.

_____

 Family Member/Representative Signature   Relationship   Date

****************FOR OFFICE USE ONLY********************

Date Received: _____

Remitted To: _____

Check No: _____   Amount: _____

Processed By: _____