



Tribal Burial Assistance Program Application

Choctaw Nation of Oklahoma

Phone: 580-924-8280

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General Information:			
Deceased Name (Please Print): First		Middle	Last
Maiden			
Physical Address:	City:	State:	Zip Code:
Social Security Number:	Age:	Date of Birth:	Date of Death:
Family Contact Name:		Family Contact Phone Number:	
Relationship to Deceased:		Family Contact Email:	
Funeral Home/Vendor Name:		Phone Number:	
Funeral Home/Vendor Person of Contact:		Funeral Home/Vendor Email:	
Manner Of Death (Please Check):			
<input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental			
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending/Medical Examiner Case			
<input type="checkbox"/> Other? Please Specify:			
Please identify the current resources available for the deceased:			
Not an entitlement program, all resources must be disclosed and considered before approval of burial assistance.			
Insurance Policies	Veteran's Assistance	State or Federal Benefit	Gofundme/fundthefuneral.com
Individual Indian Money Account (IIM)	Active Military	Victim's Assistance Program	None
Bank Account	Auto Policy	Preneed/Burial Policy	
<input type="checkbox"/> Other? Please Specify:			
Please write a brief explanation as to why assistance is necessary:			
Please identify if additional assistance is needed for any of the following:			
<input type="checkbox"/> Grief Counseling	<input type="checkbox"/> Vault	<input type="checkbox"/> Grave Opening/Closing	<input type="checkbox"/> Plot
<input type="checkbox"/> Grave Marker or Headstone	<input type="checkbox"/> Urns	<input type="checkbox"/> Flowers	<input type="checkbox"/> Cultural
<input type="checkbox"/> Other? Please specify:			
Required Documents:			
Application and all required documents must be submitted within thirty (30) days of death with the exception of the State Certificate of Death. Required documents include:			
Copy of CDIB and Choctaw Tribal Membership Card (if available)			
Copy of Social Security Card or Social Security receipt (if available)			
Invoice, bill, contract, or itemized statement, and W-9 from funeral home or supplemental vendor of choice			
Copy of State Certified Death Certificate with a cause of death (<i>working/draft copy or pending cause of death not accepted</i>)			
Approval is on a case-by-case basis. Payments are made directly to the funeral home or supplemental vendor of choice.			
Reimbursements are not permitted and payment will not be made if an invoice is paid in full at any time.			
The Tribal Burial Assistance Program reserves the right to deny assistance for any reason.			
Representative of the Deceased:		Representative of the Funeral Home/Vendor:	
Signature and Date:		Signature and Date:	
Signatures acknowledge and authorize the release of information and permission for the Tribal Burial Assistance Program to assist in financial or other arrangements on behalf of the family.			