

# TRIBAL BURIAL ASSISTANCE PROGRAM

Deceased Name (please print): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Resources Available (please check):  Insurance Policies  Burial Policies  Veteran's Assistance  
 Victim's Assistance Program  Life Insurance  IIM  Bank Account  Cash on Hand  
 Other

Manner of death (please check):  Natural  COVID  Accidental  Suicide  Homicide  
 Undetermined  Other

Statement of Need: \_\_\_\_\_

**IMPORTANT: MUST contact our office at time of death. All documents must be received in a timely manner.**

Required Documents: **FAX ALL DOCUMENTS TO 580-920-3133**

- Completed Burial Assistance Application (must be received within 30 days of death)
- Copy of Choctaw CDIB and Tribal Membership Card
- Verification of Social Security Number (copy of Social Security Card or Social Security receipt)
- Invoice, bill, contract or itemized statement (For verification of vendor information only, as amount indicated on invoice may not reflect our approved payment amount which will be paid directly to funeral home - a W-9 is required from the funeral home, and no reimbursements are allowed. If an invoice is paid in full, program eligibility is voided.)
- Finalized State Certified Death Certificate "Copy Only" (pending certificate will not be accepted). Send all other documents prior to receiving the death certificate

Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

(REPRESENTATIVE OF THE DECEASED) (REPRESENTATIVE OF FUNERAL HOME)

Signature(s) authorizes release and agreement allowing any Choctaw Nation Tribal Burial Assistance associate to assist in financial or other arrangements on behalf of the deceased.

## TRIBAL BURIAL USE ONLY

AB# \_\_\_\_\_ Payment Date \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Discounted Amount \_\_\_\_\_ Referrals Made \_\_\_\_\_ Request By \_\_\_\_\_

Tribal \_\_\_\_\_ BIA INDIGENT \_\_\_\_\_ Resident Verification \_\_\_\_\_ Income Eligibility \_\_\_\_\_

Business Unit #21301010004

Circle One: BURIAL CREMATION



# Choctaw Nation

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