



# Tribal Burial Assistance Program Application

Choctaw Nation of Oklahoma

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<b>General Information:</b>			
Deceased Name (Please Print):			
Physical Address:		City:	State: Zip Code:
Social Security Number:		Age:	Date of Birth:
Family Contact Name:		Phone Number:	
Funeral Home/Vendor Name:		Phone Number:	
<b>Please identify the current resources available for the deceased:</b>			
<input type="checkbox"/> Insurance Policies	<input type="checkbox"/> Veteran's Assistance	<input type="checkbox"/> Victim's Assistance Program	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Benefits/Assignments	<input type="checkbox"/> Bank Account	<input type="checkbox"/> Cash on Hand	<input type="checkbox"/> Go Fund Me
<input type="checkbox"/> Individual Indian Money Account (IIM)	<input type="checkbox"/> Auto Policy	<input type="checkbox"/> Employer	<input type="checkbox"/> Matching
	<input type="checkbox"/> Fund the Funeral		<input type="checkbox"/> None
<input type="checkbox"/> Other? Please Specify:			
<b>Manner Of Death (Please Check):</b>			
<input type="checkbox"/> Natural	<input type="checkbox"/> COVID	<input type="checkbox"/> Accidental	
<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide	<input type="checkbox"/> Undetermined	
<input type="checkbox"/> Other? Please Specify:			
<b>Please identify if additional assistance is needed for any of the following:</b>			
<input type="checkbox"/> Plot	<input type="checkbox"/> Vault	<input type="checkbox"/> Grave Opening/Closing	
<input type="checkbox"/> Grave Marker or Headstone	<input type="checkbox"/> Clothes	<input type="checkbox"/> Flowers	
<input type="checkbox"/> Cultural	<input type="checkbox"/> Other? Please Specify:		
<b>Statement of Need:</b>			
<b>Representative of the Deceased:</b>		<b>Representative of the Funeral Home:</b>	
Signature and Date:		Signature and Date:	
<i>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.</i>			
<b>Required Documents:</b>			
Application and all required documents must be submitted within 30 days of death with the exception of the Finalized State Certificate of Death. Required documents include:			
<input type="checkbox"/> Copy of CDIB and Choctaw Tribal Membership Card			
<input type="checkbox"/> Copy of Social Security Card or Social Security receipt			
<input type="checkbox"/> Invoice, bill, contract, or itemized statement, and W-9 from funeral home or supplemental vendor of choice			
<input type="checkbox"/> Copy of Finalized State Certified Death Certificate upon receipt (pending document not accepted)			
<i>The assistance provided may not reflect the amount indicated on the invoice. Payments are made directly to the funeral home or supplemental vendor of choice. Payments will not be made if an invoice is paid in full by a resource prior to the submission of this application.</i>			
<b>PROGRAM USE ONLY</b>			
Payee 1 AB#:	Payment Date:	Payment Amount \$:	
Payee 2 AB#:	Payment Date:	Payment Amount \$:	
<input type="checkbox"/> Discounts	<input type="checkbox"/> Referrals Made	<input type="checkbox"/> Resident Verification	<input type="checkbox"/> Income/Resources
<input type="checkbox"/> Tribal	<input type="checkbox"/> BIA	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other
Please select which of the following apply: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> SUPPLEMENTAL			
Associate:	Cost Center:	Notes:	