

## BURIAL ASSISTANCE PROGRAM

- The deceased must be an enrolled member of the Comanche Nation of Oklahoma
- Assistance may be provided in cases where a newborn or infant dies before he/she is enrolled provided that the deceased was eligible for enrollment. Proof of enrollment eligibility will be required.
- It is the responsibility of an immediate family member to complete the Burial Assistance Application and sign the application.
- It is not the responsibility of the funeral home to initiate the application.
- Burial assistance **WILL NOT** reimburse the immediate family member if the burial cost has been paid in full or there exists a burial policy that is expected to cover all the burial costs.
- Payment for burial assistance will go directly to the funeral home.
- The maximum payment available under this program is \$7,500.00 (Seven Thousand Five Hundred) for the interment charge of professional service, casket, or other receptacle and the outer burial container.
- There will be a 10 to 15 day processing period after the application is completed.
- Documents required for Burial Assistance and must be submitted to the Social Services Department before process can be initiated:
  1. Application
  2. Copy of deceased Comanche Enrollment Number (CDIB)
  3. Death Certificate
  4. Funeral Bill with family member signature

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR BURIAL ASSISTANCE

The undersigned hereby certifies need for financial assistance to help pay burial costs for:

Name of Deceased: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Comanche Enrollment #: \_\_\_\_\_ Degree of Comanche Blood: \_\_\_\_\_

Birth-date of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_  
Street Address or PO Box #

City State Zip Code

Date of Death: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_  
Street Address or PO Box #

City State Zip Code

Telephone of Funeral Home: \_\_\_\_\_

Immediate Family Member (Person completing application); \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person making application

\_\_\_\_\_  
Date

For Comanche Nation Social Services Use Only. Date received:

1. Application for Burial Assistance: \_\_\_\_\_
2. Copy of Deceased Comanche Enrollment #: \_\_\_\_\_
3. CERTIFIED Copy of Death Certificate: \_\_\_\_\_
4. Copy of Funeral Bill: \_\_\_\_\_

Payment Prepared by: \_\_\_\_\_ Date Submitted to Finance: \_\_\_\_\_

Date Check mailed to Funeral Home: \_\_\_\_\_

Letter to Immediate Family Mailed: \_\_\_\_\_