

**COMANCHE NATION OF OKLAHOMA
EMERGENCY/TAX SUPPLEMENT ASSISTANCE
BEREAVEMENT APPLICATION**

To be eligible for Bereavement Assistance, you must be an enrolled member of the Comanche Nation, **18 YEARS OLD** and an immediate family member of the deceased. (*Immediate family member: Parent, Child, Sibling, or Spouse*)

****There is a maximum of 1 payment per household****

****Application must not exceed 30 days from date of death**

The following documents are needed to complete your Bereavement Assistance Application.

1. Applicant's Comanche Tribal Certificate Degree of Indian Blood (CDIB)
SS Employee Initials: _____

2. Obituary clipping to verify death of immediate family member
(*Programs from the funeral home will not be accepted.*)
SS Employee Initials: _____

Failure to submit the necessary documents will delay your application. It is up to the client to submit all required documentation. Application will not be processed until all items are submitted.

Name: _____ DOB: _____ SSN: _____

CDIB Number: _____ Maiden Name, if applicable: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Telephone: _____ Work Telephone: _____

Name of Deceased Family Member: _____

Your relationship to the deceased: _____

Please check below how you would like to receive your check

Please **mail** my check to the above mailing address

I will **pickup** my check

Applicant Signature

Date

Social Services Representative

Date