

# QUAPAW NATION

## Burial Assistance

### (Pay to Vendor Only)

\$3000.00 per enrolled Quapaw Nation member

This service will be paid **DIRECTLY** to the funeral home or to offset any funeral service expenses. In the unfortunate event, of an infant's death, please contact the Quapaw Nation Social Services Committee.

The following items are required upon the death of an enrolled Quapaw Nation member:

- Completed application** (signed and dated by the next of kin, legal administrator, documentation is required)
- Original bill** from the funeral home (including an address and phone number of the facility.)
- Original certified death certificate.**

**“Burial benefits must be applied for within 12 months from the date of death.”**

**2020  
QUAPAW NATION  
Burial Assistance Application  
P.O. Box 765 \* QUAPAW, OK 74363**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of Deceased Quapaw Nation Member)

ROLL # \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please provide: Name - Address -Phone number & Relationship of person requesting Burial Assistance:**

**Legal Documentation Must Be Provided**

*RELATIONSHIP TO QUAPAW NATION MEMBER* \_\_\_\_\_ PHONE \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(City)

(STATE)

(ZIP)

<b>Burial Assistance</b> All Quapaw Nation Members \$3,000.00 ***** <b>End of Life</b> Up to \$10,000.00	Quapaw Nation Member	Roll #	Amount
	End of Life	Name	Amount

**Checklist**

*Completed Application ----Original Certified Death Certificate ---- Original Bill from Funeral home --- Beneficiary Form ---- Application must be signed and dated by next of kin or legal administrator (documentation required)*

\_\_\_\_\_  
(Quapaw Nation Member's next of Kin / Legal Representative)

\_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY**

DATE RECEIVED	ACTION	BALANCE