

**2023  
Quapaw Nation  
Burial / E.O.L. Assistance Application**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Deceased Quapaw Nation Member)

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

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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

**FOR OFFICE USE ONLY**

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

DATE RECEIVED	ACTION	BALANCE

**Checklist**  
*Completed Application ----Original Certified Death Certificate ---- Original Bill from Funeral home ---  
Beneficiary Form ----W-9 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)