

**2021  
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 of Beneficiary	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

2021  
**QUAPAW NATION**  
**VETERANS ASSISTANCE APPLICATION**  
**P.O. BOX 765 \* QUAPAW, OK 74363**

\$250.00 per enrolled Veteran  
 (Per Quarter)

This service is to help our Veterans (active or inactive) who may have additional needs. You **must** provide a **DD214** (once we have it on file you will not need to send it in each quarter). **Valid Active military ID card or Retired Military Card. We do not accept enlistment forms** in lieu of your DD214 for this service. To receive benefits, you *must apply* each quarter. **Your DD214 must reflect an Honorable discharge. If your DD214 reflects a DISHONORABLE discharge; you are NOT ELIGIBLE to receive Veterans assistance.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Roll# \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone# \_\_\_\_\_  
 (Day & Night time contact numbers)

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

\_\_\_\_\_  
 (City) (State) (Zip)

1 <sup>st</sup> Quarter Jan-March	2 <sup>nd</sup> Quarter April-June	3 <sup>rd</sup> Quarter July-Sept	4 <sup>th</sup> Quarter Oct-Dec
Veteran's Assistance	QN Member	Roll#	Amount
Date Received	Action	Service	Balance

(Please submit a legible copy of your DD214 or Active Enlistment form if you are a first-time applicant)

By signing below, I hereby grant the Quapaw Nation Social Services department the authority to contact the Department of Veterans Affairs regarding my application for funding. This authority extends to verifying any necessary information within my records and dates of service and type of discharge. I understand that in the event any information is knowingly falsified on my veteran's assistance application or any information pertaining to my eligibility for assistance I will be suspended from all services.

\_\_\_\_\_  
 (Quapaw member signature)