



# BURIAL ASSISTANCE PROGRAM

Wichita and Affiliated Tribes

P.O. Box 729

Anadarko, OK 73005

PH: 405.247.2425, X134

Fax: 405.247.2430

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

CDIB No: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Name of Person requesting Burial Assistance: \_\_\_\_\_

Relationship to the Deceased:  Wife  Husband  Sister  Brother  Aunt  Uncle  Other: \_\_\_\_\_

Name & Address of Funeral Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Place of Interment: \_\_\_\_\_

Other Vendor: \_\_\_\_\_

Expected Date of Service: \_\_\_\_\_

Do you authorize the Tribe to publish the obituary information in it's monthly newsletter?  Yes  No

\_\_\_\_\_  
*Signature of Designated Family Member* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mailing Address of Family Member/Contact* \_\_\_\_\_  
*Phone #*

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(FOR OFFICE USE ONLY- Revised 11/03/2016)

Amount Approved: \_\_\_\_\_ To Whom: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Check No. # : \_\_\_\_\_

\_\_\_\_\_  
*Enrollment Officer* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Executive Committee Member* \_\_\_\_\_  
*Date*

