



BURIAL ASSISTANCE PROGRAM

Wichita and Affiliated Tribes

P.O. Box 729 * Anadarko, OK 73005

PH: 405.247.2425, X134 * Fax: 405.247.2460

We are requesting that the funeral home include a copy of the deceased obituary/memorial folder when submitting the required documents to us for final payment. Burial payment will not be made unless this is provided. Thank You!

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 5-20-2021

Amount Approved: _____ To Whom: _____

Date Issued: _____ Check No. # : _____

Enrollment Officer *Date*

Executive Committee Member *Date*