



# BURIAL ASSISTANCE FORM

## 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, in addition this entire form must be completed. 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: \_\_\_\_\_

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

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

Was a headstone ordered?  Yes  No Vendor: \_\_\_\_\_

If the deceased was a Veteran, was a VA headstone ordered by the funeral home?  Yes  No

Is the setting fee for the VA marker included in the funeral home invoice?  Yes  No

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

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

FOR OFFICE USE ONLY- Revised 2-28-2022



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

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

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

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