



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 a setting fee for a Headstone or a VA marker included in the funeral home invoice? Yes No

If using a slideshow and/or video for the deceased, please prepare a USB/Flash drive for use with the laptop BEFORE the service

Signature of Designated Family Member

Date

Mailing Address of Family Member/Contact

Phone #

FOR OFFICE USE ONLY- Revised 1-23-2024

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Amount Approved: _____ To Whom: _____

Date Issued: _____ Check No. # : _____

Enrollment Officer

Date

President or Executive Committee Member

Date