

**KAW NATION**  
**BURIAL ASSISTANCE APPLICATION**  
**P.O. Box 50**  
**Kaw City, OK 74641**  
**Tel. #580/269-1186      Fax # 580/269-2116**  
[www.kawnation.com](http://www.kawnation.com)  
[ameans@kawnation.com](mailto:ameans@kawnation.com)

When applying for burial assistance please include the following information when returning the application:

- Completed application (to be completed by a family member)
- Copy of the deceased Kaw Nation membership card or list enrollment number
- Copy of the death certificate
- Copy of invoice from the funeral home showing amount of funeral expenses and a **current** copy of the funeral home's W-9.

The maximum amount paid for burial assistance is \$5,000.00.  
Checks are mailed directly to the funeral home.

Please return information to:      Kaw Nation  
Social Services Department  
P.O. Box 50  
Kaw City, OK 74641

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The next of kin making application requests assistance for burial of the named deceased:

NAME OF DECEASED: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF DEATH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

DEGREE OF KAW BLOOD: \_\_\_\_\_ KAW ENROLLMENT NUMBER: \_\_\_\_\_

BIRTHDATE OF DECEASED: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

LAST KNOWN ADDRESS OF DECEASED: \_\_\_\_\_  
\_\_\_\_\_

DATE OF FUNERAL: \_\_\_\_\_

NAME & ADDRESS OF FUNERAL HOME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

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***FOR OFFICE USE ONLY (THE FOLLOWING CANNOT BE TYPED)***

***APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_***

***TOTAL AMOUNT APPROVED: \$ \_\_\_\_\_ ACCOUNT #: TRB SS 6631***

***APPROVED BY TRIBAL OFFICIAL/REPRESENTATIVE: \_\_\_\_\_***