CADDO NATION OF OKLAHOMA

ENROLLMENT OFFICE
POST OFFICE BOX 487
BINGER, OKLAHOMA 73009
405.656.2344 – 405.656.2345
EXT. 221/206/257
FAX 405.656.2551 – 405.656.2346

BURIAL ASSISTANCE
INSTRUCTIONS & INFORMATION

TO BE ELIGIBLE FOR BURIAL BENEFITS, THE DECEDENT MUST BE AN ENROLLED MEMBER OF THE CADDO NATION.

THIS APPLICATION SHOULD BE COMPLETED AND SIGNED BY THE PERSON RESPONSIBLE FOR THE BURIAL ARRANGEMENTS FOR THE DECEDENT. APPLICATION MUST BE COMPLETED WITHIN ONE (1) YEAR OF PASSING AND SUBMITTED TO:

CADDO NATION OF OKLAHOMA
BURIAL BENEFITS ASSISTANCE PROGRAM
P.O. BOX 487
BINGER, OK 73009

BENEFITS PAYABLE FROM THE TRIBAL BURIAL FUND WILL BE UP TO $1,500.00 PER DECEDENT. SUCH BENEFITS INCLUDE DIRECT COSTS OF BURIAL AND RELATED COSTS OF FUNERAL OR BURIAL.

INFORMATION ON DECEDENT

NAME: _____
LAST FIRST MIDDLE

ADDRESS AT TIME OF DEATH: _____
STREET OR P.O. BOX

_____
CITY STATE ZIP

DATE OF BIRTH: _____ **ROLL NUMBER:** _____
DATE OF DEATH: _____ **DEGREE OF BLOOD:** _____
NAME OF SPOUSE: _____

(continued)

EVIDENCE OF DEATH

PLEASE ATTACH TO APPLICATION THE ORIGINAL BILL FROM THE FUNERAL HOME, DEATH CERTIFICATION OR OTHER EVIDENCE VERIFYING THE DECEDENT'S DEATH (I.E. NEWSPAPER ARTICLE REGARDING DEATH, INCLUDING NAME AND DATE OF NEWSPAPER, OR NOTORIZED AFFIDAVIT OF DEATH SIGNED BY THREE (3) PERSONS HAVING KNOWLEDGE OF THE DEATH OF THE DECEDENT).

INFORMATION ON PERSON PREPARING APPLICATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET OR P.O. BOX CITY STATE ZIP

TELEPHONE: _____

RELATIONSHIP TO DECEDENT (IF ANY) _____

_____
SIGNATURE OF PERSON MAKING APPLICATON DATE