QUAPA W NATION
Burial Assistance
(Pay to Vendor Only)
$3000.00 per enrolled Quapaw Nation member

This service will be paid DIRECTLY to the funeral home or to offset any funeral service expenses. In the unfortunate event, of an infant’s death, please contact the Quapaw Nation Social Services Committee.

The following items are required upon the death of an enrolled Quapaw Nation member:

☐ Completed application (signed and dated by the next of kin, legal administrator, documentation is required)

☐ Original bill from the funeral home (including an address and phone number of the facility.)

☐ “Original” certified death certificate.

“Burial benefits must be applied for within 12 months from the date of death.”
Applicants Name: ____________________________________________________________
(Name of Deceased Quapaw Nation Member)

Date: ______________________________

ROLL # ____________________________________________________________             SS# _______________/________/________

Please provide: Name - Address - Phone number & Relationship of person requesting Burial Assistance:

☐ [ ]

Legal Documentation Must Be Provided

RELATIONSHIP TO QUAPAW NATION MEMBER ______________________ PHONE ______________________

Name: _____________________________________________________________________

Social Security # ____________________________

ADDRESS: ___________________________________________________________________________________________________

(City) (STATE) (ZIP)

<table>
<thead>
<tr>
<th>Burial Assistance</th>
<th>Quapaw Nation Member</th>
<th>Roll #</th>
<th>Amount</th>
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<tbody>
<tr>
<td>All Quapaw Nation Members</td>
<td>$3,000.00</td>
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</tr>
<tr>
<td>End of Life</td>
<td>Name</td>
<td>Amount</td>
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<tr>
<td>Up to $10,000.00</td>
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Checklist

Completed Application ---- Original Certified Death Certificate ---- Original Bill from Funeral home ---- Beneficiary Form ---- Application must be signed and dated by next of kin or legal administrator (documentation required)

__________________________________________________________________________________________________________

(Quapaw Nation Member’s next of Kin / Legal Representative)  (Date)

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>ACTION</th>
<th>BALANCE</th>
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