

**2022**  
**QUAPAW NATION**  
**Burial Assistance Application**  
**P.O. Box 765 \* QUAPAW, OK 74363**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of Deceased Quapaw Nation Member)

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)

<b>Burial Assistance</b> All Quapaw Nation Members \$3,000.00 ***** <b>End of Life</b> Up to \$10,000.00	Quapaw Nation Member	Roll #	Amount
	<b>End of Life</b>	<b>Name of Beneficiary</b>	Amount

***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**

DATE RECEIVED	ACTION	BALANCE