

## **BURIAL ASSISTANCE GUIDELINES**

- Complete and submit a Burial Assistance application within 90 days of the time of death. Application must be signed and dated by a family member or authorized representative.
- Provide CDIB or Tribal enrollment that verifies Wyandotte Nation membership for deceased individual.
- Provide copy of a death certificate for the deceased individual.
- Provide a copy of an itemized Funeral Home statement of the deceased Individual.
- W-9 from the funeral home/crematory if payment is being made to them.

The application is completed when all of the above information is received by the Wyandotte Nation Family Services staff. The application will be processed within 14 working days. A notice will be sent to the family of the applicant informing them when the check will be sent to the Funeral Home. A check in the amount of \$2,500.00 will also be sent along with a letter to the Funeral Home stating the account for whom the check is intended. If the expenses have been paid in full then the statement must state this and a check can be mailed to the next of kin or “responsible party”.

**For more information, questions or concerns please contact the Wyandotte Nation Family Services Department:**

Wyandotte Nation  
Family Services  
8 Turtle Drive  
Wyandotte, OK 74370  
Phone: (918) 678-6319  
Fax: (918) 676-7028  
wnfs@wyandotte-nation.org

**Burial Assistance Application**  
**Wyandotte Nation**  
**Family Services**  
**8 Turtle Drive**  
**Wyandotte, OK 74370**

Date: \_\_\_\_\_

Deceased Name: \_\_\_\_\_ Roll # \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Burial: \_\_\_\_\_

Family Member  
Or Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Funeral Home;  
Name, Address &  
Telephone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official I agree to provide proof of the information I have provided on this form. I agree to notify the Wyandotte Nation of any change in the above information.

\_\_\_\_\_  
Family Member/Representative Signature                      Relationship                      Date

<b>*****FOR OFFICE USE ONLY*****</b>	
Date Received: _____	
Remitted To: _____	
Check No: _____	Amount: _____
Processed By: _____	