

**COMANCHE NATION OF OKLAHOMA  
EMERGENCY/TAX SUPPLEMENT ASSISTANCE  
BEREAVEMENT APPLICATION**

To be eligible for Bereavement Assistance, you must be an enrolled member of the Comanche Nation, **18 YEARS OLD** and an immediate family member of the deceased. (*Immediate family member: Parent, Child, Sibling, or Spouse*)

**\*\*Application must not exceed 30 days from date of death\***

The following documents are needed to complete your Bereavement Assistance Application.

1. Applicant's Comanche Tribal Certificate Degree of Indian Blood (CDIB)  
SS Employee Initials: \_\_\_\_\_
  
2. Obituary clipping to verify death of immediate family member  
(*Programs from the funeral home will not be accepted.*)  
SS Employee Initials: \_\_\_\_\_

Failure to submit the necessary documents will delay your application. It is up to the client to submit all required documentation. Application will not be processed until all items are submitted.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

CDIB Number: \_\_\_\_\_ Maiden Name, if applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of Deceased Family Member: \_\_\_\_\_

Your relationship to the deceased: \_\_\_\_\_

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**Please check below how you would like to receive your check**

Please **mail** my check to the above mailing address

I will **pickup** my check

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Home Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Services Representative

\_\_\_\_\_  
Date