

## BURIAL ASSISTANCE PROGRAM

- The deceased must be an enrolled member of the Comanche Nation of Oklahoma.
- Assistance may be provided in cases where a newborn or infant dies before he/she is enrolled provided that the deceased was eligible for enrollment. Proof of enrollment eligibility will be required.
- It is not the responsibility of the funeral home to initiate the application.
- Burial assistance WILL NOT reimburse the immediate family member if the burial cost has been paid in full or there exists a burial policy that is expected to cover all the burial costs.
- Payment for burial assistance will go directly to the funeral home.
- The payment available under this program is for the interment charge of professional service, casket, or other receptacle and the outer burial container.
- There will be a 10 to 15 day processing period after the application is completed.
- Documents required for Burial Assistance and must be submitted to the Social Services Department before process can be initiated:
  - 1. Application
  - 2. Copy of deceased Comanche Enrollment Number (CDIB)
  - 3. Death Certificate
  - 4. Funeral Bill with family member signature

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICATION FOR BURIAL ASSISTANCE**

The undersigned hereby certifies need for financial assistance to help pay burial costs for:

Name of Deceased: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Birth date of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Street Address or P.O. Box #

City

State

Zip Code

Date of Death: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_

Comanche Enrollment #: \_\_\_\_\_ Degree of Comanche Blood \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_

Street Address or P.O. Box

City

State

Zip Code

Telephone of Funeral Home: \_\_\_\_\_

Immediate Family Member (Person completing application): \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**COMANCHE NATION SOCIAL SERVICES USE ONLY: Date received: \_\_\_\_\_**

1. Application for Burial Assistance: \_\_\_\_\_
2. Copy of Deceased Comanche Enrollment #: \_\_\_\_\_
3. CERTIFIED Copy of Death Certificate: \_\_\_\_\_
4. Copy of Funeral Bill: \_\_\_\_\_

Payment Prepared by: \_\_\_\_\_

Date Submitted to Finance: \_\_\_\_\_

Date Check mailed to Funeral Home: \_\_\_\_\_

Letter to Immediate Family Member: \_\_\_\_\_