



# COMANCHE NATION OF OKLAHOMA

## SOCIAL SERVICES DEPARTMENT

---

### **APPLICATION FOR BURIAL ASSISTANCE**

- ✚ 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 for burial assistance through the Social Services Dept.
- ✚ Burial Assistance **WILL NOT REIMBURSED** the immediate family member if the burial cost has been paid in full or there is an existing 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 submitted to our accounting firm, Finley & Cook and Assoc.
- ✚ 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 (Original to be mailed)
4. Funeral bill with family member signature

---

Applicant Signature

---

Date



# COMANCHE NATION OF OKLAHOMA SOCIAL SERVICES DEPARTMENT

## **APPLICATION FOR BURIAL ASSISTANCE**

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

**Name of Deceased:** \_\_\_\_\_ Maiden name: \_\_\_\_\_

Street Address (Deceased): \_\_\_\_\_

Street Address or PO Box

City, State

Zip Code

Date of Birth (Deceased): \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

**Date of Funeral:** \_\_\_\_\_ Funeral Home Phone #: \_\_\_\_\_

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

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

Street Address or PO Box

City, State

Zip Code

Immediate Family Member completing app: \_\_\_\_\_

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

Immediate Fam. Full Address: \_\_\_\_\_

Immediate Family Phone #: \_\_\_\_\_

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

.....  
**COMANCHE NATION SOCIAL SERVICES USE ONLY**

Date received: \_\_\_\_\_ Application for burial Assistance: \_\_\_\_\_

Deceased Comanche Enrollment #: \_\_\_\_\_ CERTIFIED Copy of Death Certificate: \_\_\_\_\_

Copy of Funeral Bill: \_\_\_\_\_ Payment prepared by: \_\_\_\_\_

Date Submitted to Finance: \_\_\_\_\_ Date check mailed to Funeral Home: \_\_\_\_\_

Social Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_