



Iowa Tribe of Oklahoma

Tribal Assistance Programs – Application for Burial Assistance

Business Committee Approval/Effective Date: 11/2//06

Date of Application: _____

Name of Applicant: Last / First/ Middle Initial	Iowa Tribe of Oklahoma Roll #

Street Address	City/State/ Zip Code

List Other Iowa Tribal Members living in	the household	

Type of Assistance Requested	Complete this section as applicable and attach complete information indicated by type of assistance requested.	Required supporting documentation
A	<p>Burial Assistance:</p> <p>Name of deceased: _____ Relationship to deceased: _____ Amount for requested: _____ Funeral home \$3,750, Family \$1,250 _____ Funeral home \$5,000, Family \$0</p> <p style="text-align: center;">AFFIDAVIT OF DEATH</p> <p>I, the undersigned, attest that I am an authorized representative of a funeral home taking charge of the above named deceased. I agree to provide, with permission from the family, a copy of the certified death certificate when it become available from the State.</p> <p>Signature: _____</p> <p>Name (Printed): _____ Name of Funeral Home: _____ Address: _____ City, State, Zip: _____ Date of death: _____ Sharing home with: _____ Date of planned interment: _____</p>	<p>Death certificate, "Affidavit of Death" signed by authorized funeral home representative, or statement of death on official letter of funeral home.</p>
B	<p>Burial Assistance-Infants:</p> <p>Name of deceased: _____ Enrolled parent of deceased: _____</p> <p style="text-align: center;">AFFIDAVIT OF DEATH</p> <p>I, the undersigned, attest that I am an authorized representative of a funeral home taking charge of the above named deceased. I agree to provide, with permission from the family, a copy of the certified death certificate when it becomes available from the State.</p> <p>Signature: _____</p> <p>Name (Printed): _____ Name of Funeral Home: _____ Address: _____ City, State, Zip: _____ Date of death: _____ Sharing home with: _____</p>	<p>Death certificate, "Affidavit of Death" signed by authorized funeral home representative, or statement of death on official letter of funeral home</p>

		Date of planned interment: _____ <p style="text-align: center;">AFFIDAVIT OF IOWA TRIBE OF OKLAHOMA ENROLLMENT ELIGIBILITY</p> I, the undersigned, attest that I am an authorized representative of the ITO enrollment office and that the above named individual, if they had survived, would have been eligible for enrollment with the Iowa Tribe of Oklahoma pursuant to guidelines established by the Tribal Constitution Signature: _____ Name (Printed): _____ Title: _____	
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Certification	Signature of applicant	Date
I certify that I am eligible to claim the above-indicated assistance. I understand that it is fraud to falsify or misrepresent any information on this application. I understand that I may sign only for myself, for my own minor-aged child(ren), or for those whom I am legal guardian.		

FOR OFFICE USE ONLY	
Date application received: _____ Paid to: _____ Amount paid: _____ Account number: _____ Amount approved: _____ Date to accounting: _____ Date paid: _____ Check # _____ Audit by: _____ Date: _____ Appeal date/action: _____ Notes:	Application processed by: _____ <div style="text-align: right; font-size: small;">(Signature)/ Printed name</div> Action: Approved _____ Denied _____ Action date: _____ Approved by: _____ <div style="text-align: right; font-size: small;">(Tribal Administrator Signature)</div>