



Cheyenne and Arapaho Tribes
Burial Program
P.O. Box 134 . Concho, OK 73022
(405) 422-7601
Toll Free: (800) 247-4612
Fax: (405) 422-8238



FUNERAL ASSISTANCE GRANT APPLICATION

An application must be completed prior to authorization or processing of burial assistance fund

FUNERAL HOME HAS A MAXIMUM OF 90 DAYS FROM DATE OF BURIAL TO SUBMIT THIS APPLICATION, CERTIFIED DEATH CERTIFICATE, AND INVOICE OF SERVICES FOR PAYMENT.

PART A - DECEDENT INFORMATION

1.	Full Name of Deceased:		Decedent's Enrollment No.:
	First Name	Middle (Maiden) Last	Decedent's Soc. Sec. Number:
2.	Military Service: Yes ☐ No ☐ Service Branch: _____	Military Service Dates: From: _____ To: _____	Would you like us to contact the C&A Tribes Color Guard to perform Military Honors at the burial site? Yes ☐ No ☐
3.	Age: _____	Date of Birth: _____ Date of Death: _____	
5.	Death location and time: _____		
6.	Funeral Home in Attendance: _____		
Funeral Home Mailing Address: _____			
City - State - Zip Code: _____			
Funeral Home Telephone No. _____		Fax Number: _____	

The deceased must be an enrolled member of the Cheyenne and Arapaho Tribes. In the case of infant mortality, the deceased must possess at least 1/8 Cheyenne and Arapaho blood.

PART B - APPLICANT INFORMATION

X _____ Signature (Responsible Party) _____ Date _____	Your relationship to the deceased: _____
Mailing Address: _____ City - State - Zip Code: _____	Primary Telephone Number: () _____ Cell Phone or Message Number: () _____

PART C - SERVICE PROVIDER (FUNERAL HOME)

Name of DECEDENT: _____

Enrollment No. _____

The amount allocated for each enrolled tribal member is as follows:

ADULTS • (Age 12 and over) up to \$8,000.00, payable to the funeral home,

CHILDREN • (Infant to age 11) up to \$3,500.00, payable to the funeral home.

DEATH CERTIFICATE

- Please order a certified copy of the Death Certificate for the Burial Program when preparing the goods and services contract/invoice.
- Payment will be processed upon receipt of the Death Certificate to the Burial Program.

Will the C&A Tribes Cemetery Groundskeepers open and close the gravesite?
(Gravesite must be in a Tribal Cemetery in the C&A Service Area and noticeably marked)

Yes ☐ No ☐

Gravesite Location _____

Name of Cemetery

City

State

STATEMENT OF FUNERAL GOODS AND SERVICES

- Attach the contract/invoice of funeral goods and services selected to this application
- Indicate if the deceased had any other forms of burial assistance, burial package, insurance, etc.

I am aware it is my responsibility to complete this transaction in a timely manner. I understand I have 90 days from the date of burial to submit this application, along with the invoice of services and certified death certificate, for payment. If not submitted within that time, I understand payment from the Cheyenne and Arapaho Tribes, or the family of the decedent, will not be made.

I verify that the attached statement is true and correct and no cash was delivered in connection with this transaction.

Funeral Home Director Signature _____

Funeral Home Name _____

Mailing Address _____

City / State / Zip Code _____