



**the  
Chickasaw Nation  
Social Services Division**

231 Seabrook Road / Ada, OK 74820 / Fax: (580) 310-6422

**Bill Anoatubby  
Governor**

**Burial Assistance Grant Application**

The Burial Assistance Grant will pay up to \$2,500 toward the final balance of the burial expense. The payment will be made directly to the funeral home. Reimbursements will not be issued.

If the deceased had a pre-paid burial plan which has paid or will pay the entire cost of the funeral and burial, the deceased is not eligible for this burial assistance grant.

**Documentation needed:**

1. A copy of CDIB, citizenship card, or tribal letter and Social Security card must be provided.
2. Current verification of deceased's address.
3. A copy of the certificate of death.
4. A copy of the final itemized statement from the funeral home.
5. Income verification of deceased's household (if within Chickasaw Nation service area).

**PLEASE SUBMIT ALL INFORMATION WITHIN 6 MONTHS FOLLOWING THE DEATH.**

<b>Full name of deceased (please include name in which CDIB was issued, if applicable)</b>		<b>Date of death</b>
<b>Address of deceased (address, state and ZIP):</b>		
<b>Name of funeral home:</b>	<b>Phone number of funeral home:</b>	
<b>Address of funeral home (address, state and ZIP):</b>		
<b>Name of person making application:</b>	<b>Phone number of person making application:</b>	
<b>Address of person making application (address, state and ZIP):</b>		
<b>Signature of person making application:</b>	<b>Relation to deceased:</b>	<b>Date:</b>

**For Office Use Only**

**Prior to approval, the following documents must be attached:**

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of CDIB, citizenship card or tribal letter | <input type="checkbox"/> Copy of certificate of death certificate |
| <input type="checkbox"/> Copy of Social Security card                    | <input type="checkbox"/> Copy of final itemized statement         |
| <input type="checkbox"/> Verification of deceased's address              | <input type="checkbox"/> Verification of income, if applicable    |

<b>Date received:</b>	<b>Date approved:</b>	<b>Approved amount:</b>
<b>Approved by:</b>		<b>BIA:</b>
		<b>Tribal:</b>