



### Burial Assistance Grant Application

**Area offices:**

**Addresses and contact information:**

- Ada**                      **231 Seabrook Road / Post Office Box 1548 / Ada, Oklahoma 74820  
(580) 436-7256 / FAX (580) 436-2109**
- Ardmore**                **949 Locust / Ardmore, Oklahoma 73401  
(580) 226-4821 / FAX (580) 226-6732**
- Duncan**                 **1819 West Plato Road / Duncan, Oklahoma 73533  
(580) 470-2131 / FAX (580) 470-2129**
- Pauls Valley**         **20118 South Indian Meridian Road / Pauls Valley, Oklahoma 73075  
(405) 207-9883 / FAX (405) 207-9876**
- Purcell**                 **1430 Hardcastle Boulevard / Purcell, Oklahoma 73080  
(405) 527-4973 / FAX (405) 527-8058**
- Sulphur**                **4970 West Highway 7 / Post Office Box 538 / Sulphur, Oklahoma 73086  
(580) 622-2888 / FAX (580) 622-7102**
- Tishomingo**         **815 East 6<sup>th</sup> Street / Post Office Box 192 / Tishomingo, Oklahoma 73460  
(580) 371-9512 / FAX (580) 371-3845**
- Oklahoma City**     **4001 North Lincoln / Oklahoma City, Oklahoma 73105-5206  
(405) 767-8971 / Toll Free 1-866-466-1481 / FAX (405) 767-8968**

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.

Documentation needed:

- A copy of tribal citizenship in a federally recognized tribe.
- A copy of certificate of death.
- Current verification of deceased address (if within Chickasaw Nation service area).
- A copy of the finalized statement from the funeral home.
- Income verification of deceased's household (if within Chickasaw Nation service area).



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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.

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

|   |  |               |
|---|--|---------------|
| Full name of deceased (please include name in which CDIB was issued, if applicable)   |  | Date of death |
| Address of deceased (address, state and ZIP):   |  |               |
| Name of funeral home:   | Phone number of funeral home:              |               |
| Address of funeral home (address, state and ZIP):   |  |               |
| Name of person making application:  | Phone number of person making application: |               |
| Address of person making application (address, state and ZIP):  |  |               |
| I fully understand this application and I certify that all the information contained here is true and correct. I hereby give permission for the funeral home listed above to release information to the Chickasaw Nation assistance program which would assist in determining my eligibility. |  |               |
| Signature of person making application:   | Relation to deceased:                      | Date:         |

#### 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    |

|                |                |                  |
|----------------|----------------|------------------|
| Date received: | Date approved: | Approved amount: |
| Approved by:   | BIA:           | Tribal:          |