



P.O. Box 453220 Grove, Oklahoma 74345 Phone: 918-786-5576 Fax: 918-786-9245

Bereavement Fund Application
Submit to the above Address - "Attention: Welfare Committee"
Please Print

Date
Name of the Deceased
Date of Death Place of Burial
Name of Family Member or Reprehensive
Address City State Zip
Phone Number Cell Number Work Number
Email Address
Total Amount of Final Expenses: \$
To Be Paid to:

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Claims Committee of any changed in the above information.

Signature of Family Member or Representative Relationship Date

Please Include the Following With Your Claim

- 1. Tribal Membership Card
2. Completed Bereavement Fund Application, Signed by the Appropriate Person and Dated
3. Funeral Home Invoice/Statement Showing the Amount of the Final Expenses
4. Official Notice of Death, Such as:
a. State Certified Death Certificate or
b. Copy of the Published Obituary

FOR CLAIMS COMMITTEE USE ONLY
Date: Action Taken: Approved Hold
Reason: Remitted To:
Check #: Amount: Balance:
Approval: CD PA SWV