

# SENECA - CAYUGA NATION

P.O. Box 453220 Grove, Oklahoma 74345

Phone: 918-786-5576

Fax: 918-786-9245

## Bereavement Fund Application

**Claim Must be Filed Within 6 Months of Death**

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 Representative

\_\_\_\_\_ 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 changes 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 \_\_\_\_\_