SENECA - CAYUGA NATION

Welfare Committee | PO Box 453220 | Grove, OK 74345
Phone: 918-791-6025 | Fax: 918-786-9245 | Email: gheatherly@sctribe.com

Bereavement Fund Applications

Claim Must be Filed Within 6 Months of Death

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 changes in the above information.

_____
Signature of Family Member or Representative Relationship Date

Include the Following with Your Claim

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

**********FOR CLAIMS COMMITTEE USE ONLY**********

Date: _____ Action Taken: Approved _____ Hold_____

Reason: _____ Remitted To: _____

Check #: _____ Amount: _____ Balance: _____

Approval: JQ _____ PA _____ SWV_____

CONFIDENTIAL