

# BEREAVEMENT FUND APPLICATION

## Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)  
Grove, Oklahoma 74344



Tel: (918) 786-5576  
Fax: (918) 786-9245  
\*DO NOT Mail if  
Faxing Application

Date: \_\_\_\_\_

Deceased Name: \_\_\_\_\_ Roll #: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Burial: \_\_\_\_\_

Family Member  
Or Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Funeral Home  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 change in the above information.

Family Member/Representative Signature	Relationship	Date
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A completed Bereavement Fund Application package must be submitted to the Seneca-Cayuga Claims Committee within 180 days of date of death. An application for assistance is not complete and will not be considered for review or processing unless copies of the following documents are attached:

1. Tribal Membership Card.
2. Completed Bereavement Fund Application, signed by family member or authorized representative and dated.
3. Funeral home Invoice/Statement showing final expenses.
4. Official notice of death, such as:
  - a. State Certified Death Certificate or
  - b. Copy of published obituary.

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

Date: \_\_\_\_\_ Action Taken: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold \_\_\_\_\_

Remitted To: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Approval: SL \_\_\_\_\_ RB \_\_\_\_\_ LS \_\_\_\_\_ SWO \_\_\_\_\_ PB \_\_\_\_\_