

BURIAL ASSISTANCE

FORM



Iowa Tribe of Kansas & Nebraska
3345 B Thrasher Rd.
White Cloud, KS 66094

This is to advise you that my _____
born _____
passed away on _____ 20 _____ .

I have enclosed a death certificate and I hereby certify that
_____ is eligible to receive assistance
from the Iowa Tribal Burial Assistance Program.

NAME:

ADDRESS:

WITNESS: _____
WITNESS: _____

Please make checks payable to the **Funeral Home** of the deceased.
Please provide the name and telephone number to the funeral
home.

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ (Funeral Home)

For Office Use Only:

Enrollment Officer

Chairman

Date

Date