



**SEMINOLE NATION OF OKLAHOMA
JUDGMENT FUND PROGRAMS
BURIAL ASSISTANCE PROGRAM**

B

(Please Print or Type All Information)

DECEASED INFORMATION:

Social Security No: _____ \ _____ \ _____ Date of Birth: ____ \ ____ \ ____ Sex: _____

Name: _____
Last First Middle Maiden

Address At Time of Death: _____
(PO Box, RR, or St) City State Zip Code

Date of Death: ____ \ ____ \ ____ Place of Death: _____

Band: _____

Was the deceased an enrolled member of the Seminole Nation of Oklahoma? _____ Yes _____ No

Did the deceased have a Certificate of Degree of Indian Blood (CDIB) card? _____ Yes _____ No

Name of Funeral Home: _____

Address of Funeral Home: _____
(PO Box, RR, or St) City State Zip Code

Telephone Number of Funeral Home: _____

APPLICANT INFORMATION:

Applicant Name: _____ Social Security Number: _____

Address: _____
(PO Box, RR, or St) City State Zip Code

Relationship to Deceased: _____ Telephone Number: _____

Application Guidelines and Required Documents are on the back of this form, PLEASE READ AND SIGN!

For Office Use Only:

Eligibility Determination: Approved: _____ Denied: _____

Tribal Member: _____ Enrollment Card Attached: _____

Letter from Enrollment Office: _____ Call to Enrollment Office: _____

Funeral Home Statement Attached: _____ Call to Funeral Home: _____

Intake Clerk: _____ Date: _____

Approved for Payment: _____ Date: _____

**Seminole Nation of Oklahoma
Judgment Fund Programs
Burial Assistance Program Checklist and Guidelines**

1. In order to be eligible for the burial assistance benefits the deceased must have a Certificate of Degree of Indian Blood (CDIB) card and an enrolled member of the Seminole Nation of Oklahoma. If the deceased is a stillborn or a child under one year of age; one of the parents has to be an enrolled member of the Seminole Nation, or if the enrollment office certifies in writing that the deceased was eligible for enrollment or the enrollment office certifies in writing that on or before the date of death the deceased had a completed enrollment application containing all required information pending in that office and certifies in writing that the deceased was eligible for enrollment.
2. In addition to the grant for burial expenses, the responsible family member shall receive a grant of three hundred dollars (\$300) for miscellaneous expenses related to the funeral at the time of application.
3. A copy of the document executed by the payee or co-payee establishing his/her legal obligation for the burial expenses must be submitted with the Burial Assistance application (Itemized Statement).
4. A certified copy of a Death Certificate is preferred, but a written verification from the Funeral home containing the full name of the deceased and the date and place of death must be submitted before benefits are mailed to the burial service provider.
5. Benefits shall be in the amount of three thousand dollars (\$3,000) for a deceased who is over the age of one year, and if the deceased was cremated, the grant amount shall be in the amount of the actual costs of the burial expenses, not to exceed three thousand dollars (\$3,000).
6. Benefits shall be in the amount of the actual cost of the burial expenses, not to exceed eight hundred dollars (\$800), for burial of a deceased aged one year or less, including stillborns.
7. Benefit checks shall be delivered to the burial service provider, and shall be made jointly to the burial service provider and the payee, provided that any remaining balance shall be paid by separate check made payable to the payee alone.
8. The application must be made within ninety (90) days from the date of death of the deceased

Mail application to:	Seminole Nation of Oklahoma Judgment Fund Office 2007 W. Wrangler Blvd. Seminole, OK 74868	Office Hours:	Monday - Friday 8:00am – 5:00pm
		Toll Free #:	1-877-382-0549 (405) 382-0549
		Fax #:	(405) 382-0571

Applicant's Rights and Responsibilities:

I understand that I have a right to a fair hearing on any actions of the tribe I consider improper and also on any delay in a decision of this application. I hereby authorize the Seminole Nation tribal services staff to make any investigation to verify the answers I have given. I certify I have read both sides of this application or it has been read to me; that I fully understand this application and all information herein contained is true and correct to all particulars.

Applicant Signature: _____ **Date:** _____

Note: Application is incomplete if not signed, and all requested documents are turned in.