The Klamath Tribes
Member Benefits Department
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Deceased Benefits Application

In the event an enrolled Tribal Member becomes deceased during the year Per Capita payment is distributed, the deceased Per Capita payment shall be delivered to the court appointed representative of the deceased's estate.

Deceased's Information

Office Use Only

1. Full Legal Name:_____
   Last First Middle Suffix (Sr., Jr., III)
2. Other Known Name (eg. Maiden, Indian):_____Date of Death:_____
3. Date of Birth:_____Social Security Number:_____Roll #:_____
4. Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Legal Representative's Information

Legal Documentation showing proof of Legal Representation is required.

5. Representative's Full Legal Name:_____
   Last First Middle Suffix (Sr., Jr., III)
6. Date of Birth:_____Social Security Number:_____Roll #:_____
7. Relationship to Deceased:_____
8. Mailing Address:_____
   Street City State Zip
9. Primary Phone:_____(this is a mobile phone) No ☐ Yes ☐ Call Only ☐ Text ☐
10. Message Phone:_____E-Mail Address:_____

Deceased's Family Information

11. Name of Surviving Widow(er):_____Social Security Number:_____
12. Mailing Address:_____
13. Primary Phone:_____
14. Name(s) of Surviving Children:

Name	Social Security #	Relationship	Address
1.			
2.			
3.			
4.			

15. Name(s) of Living Parent(s):

Name	Social Security #	Relationship	Address
1.			
2.			

By signing this document, I certify that the information provided is accurate and true to the best of my knowledge.

16. **Signature:**_____**Date:**_____

Klamath Tribes Member Benefit's Office Use Only

Date Received:_____MB Staff Initials:_____Member's Roll #:_____

Legal Document Received:_____