



**The Klamath Tribes
Member Benefits Department**
501 Chiloquin Boulevard
PO BOX 436
Chiloquin, OR 97624
memberbenefits@klamathtribes.com
Phone: (541) 783-2219 | Fax: (541) 783-7768
Burial Assistance Application

Burial Assistance is available for enrolled deceased Klamath Tribal Members for Wake Service *and/or* Funeral Service.

Application Process

Submit the completed Burial Assistance application as soon as possible to begin the approval process. In order to complete the approval process, the Member Benefits Department must receive the business' current-year W-9, itemized invoice, and a copy of the Certificate of Death.

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 #: _____

Applicant's Information

Please provide contact information for the person completing this form.

- 4. Contact's Full Legal Name: _____
Last First Middle Suffix (Sr., Jr., III)
- 5. Relationship to Deceased: _____
- 6. Mailing Address: _____
Street City State Zip
Primary Phone: _____ E-Mail Address: _____
- 7. On behalf of the deceased, all resources have been exhausted to assist with the cost of services (eg. Burial Insurance, Life Insurance, Social Security Benefits, etc.). No Yes
- 8. I am requesting assistance for: Wake Service *and/or* Funeral Service

Business Information

In order to receive payment for services, the business must provide a current-year W-9.

- 9. Business Name for Burial Providing Services: _____
Mailing Address: _____
Street City State Zip
Primary Phone: _____ E-Mail Address: _____
- 10. By signing this document, I certify that the information provided is accurate and true to the best of my knowledge.
- Signature:** _____ **Date:** _____

Klamath Tribes Member Benefit's Office Use Only			
Date Received: _____	MB Staff's Initials: _____	Deceased Member's Roll #: _____	
MB Director's Initials: _____	Date Received Invoice & COD: _____		
Wake Service <input type="checkbox"/> Amount: _____	Funeral Service <input type="checkbox"/> Amount: _____	Total Approved: <input type="text"/>	