



The Klamath Tribes
Member Benefits Department
501 Chiloquin Boulevard
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Chiloquin, OR 97624
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Phone: (541) 783-2219 | Fax: (541) 783-7768
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.

Office Use Only

Deceased's Information

- ☐ 1. Full Legal Name: _____
Last First Middle Suffix (Sr., Jr., III)
- ☐ 2. Other Known Name (eg. Maiden, Indian): _____
- ☐ 3. Date of Birth: _____ Social Security Number: _____ Roll #: _____

Legal Representative's Information

Please provide contact information for the legal representative completing this form.

- ☐ 1. Representative's Full Legal Name: _____
Last First Middle Suffix (Sr., Jr., III)
- ☐ 2. Date of Birth: _____ Social Security Number: _____ Roll #: _____
- ☐ 3. Relationship to Deceased: _____
- ☐ 4. Mailing Address: _____
Street City State Zip
- ☐ 5. Primary Phone: _____ (is this a mobile phone?) No ☐ Yes ☐
- ☐ 6. Message Phone: _____ E-Mail Address: _____

Deceased's Family Information

- ☐ 7. Name of Surviving Widow(er): _____ Social Security Number: _____
- ☐ 8. Mailing Address: _____
Street City State Zip
- ☐ 9. Primary Phone: _____ E-Mail Address: _____
- ☐ 10. Name(s) of Surviving Children:

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

- ☐ 11. Name(s) of Living Parent(s):

Name	Social Security #	Relationship	Phone
1.			
2.			

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

- ☐ 12. **Signature:** _____ **Date:** _____

Klamath Tribes Member Benefit's Office Use Only
Date Received: _____ MB Staff Initials: _____ Member's Roll #: _____
Legal Document Received: _____