

# Death Notice/Burial Assistance Request

*Complete the form with as much detail as possible, using additional sheets if necessary. Attach one or more of the following; death certificate; public death notice; or obituary.*

Name of Person requesting assistance: \_\_\_\_\_

Address of Person Requesting assistance: \_\_\_\_\_

This is a new mailing address, please update my enrollment record.

Phone Number of Person requesting assistance: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Death : \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Deceased Address: \_\_\_\_\_

Deceased birthday or SSN (for identification purposes): \_\_\_\_\_

Newsletter Obituary: (Attach additional sheet if necessary): \_\_\_\_\_

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For Official Use Only

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Date logged: \_\_\_\_\_ by: \_\_\_\_\_

Date Checked: \_\_\_\_\_ by: \_\_\_\_\_

Tribal Roll Database: \_\_\_\_\_ Fiscal System: \_\_\_\_\_ File Folder: \_\_\_\_\_