

**APPLICATION FOR BURIAL ASSISTANCE  
PONCA TRIBE OF INDIANS OF OKLAHOMA**

Name of Deceased:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

Address / City / State / Zip: \_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ VA Number: \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Death: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

If the deceased is a child

Parent Name: \_\_\_\_\_  
(Last) (First) (Middle)

Funeral Services will be held: \_\_\_\_\_ / \_\_\_\_\_  
(Date) (Time)

Place of Funeral Service: \_\_\_\_\_

Funeral Home making arrangements: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_  
(City) (State) (County)

Telephone Number of Funeral Home: \_\_\_\_\_

Contact Person: \_\_\_\_\_

I am applying for assistance for the burial of the deceased. I certify that the information given is true and correct to the best of my knowledge. I understand that any false statements are punishable under tribal and federal law. I understand that false statements or information are grounds of denial or termination of Burial Program Assistance.

\_\_\_\_\_/\_\_\_\_\_  
Applicant Name (print) Relationship to Deceased

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date