



**Pokagon Band Department of Social Services
Bereavement Services**

Applicant Information

1. _____
Applicant's Name _____
Date of Application

Street Address City/Town State/Zip

Telephone Number Social Security Number

Are you a Pokagon Band Member? _____ Yes _____ No Tribal Enrollment Number _____

Relationship to the Decedent? _____

Decedent Information

2. _____
Decedent's Name Age Birth Date Date of Death

Street Address City/Town State/Zip

Decedent's eligibility status; as defined under subsection 6(B) of the Burial Fund Code:

- Pokagon Band member Tribal Enrollment Number _____
- Spouse of Pokagon Band member
(If the decedent was a Spouse of a Pokagon Band member, one of the following statements must also be checked.)

_____ (i) The decedent was lawfully married to a Pokagon Band member at the time of the decedent's death.

_____ (ii) The Pokagon Band member predeceased the decedent and the decedent Spouse never remarried after the death of the Pokagon Band member.

- Non-Pokagon Band member Parent of Pokagon Band member
(If the decedent was a Step-Parent of a Pokagon Band member, the statement below must also be checked.)

_____ (i) The decedent was the legal spouse of a natural or adoptive parent of a Pokagon Band member, while the Pokagon Band member was a minor and remained lawfully married to the natural or adoptive parent of the Pokagon Band Member at the time of the decedent's death.

- Child under the age of 18, of Pokagon Band member, who at the time of his or her death, was eligible for enrollment with the Pokagon Band.

Documentation

The following documents must be provided with application. If unable to provide such documents, a Sworn Statement pursuant to Section 10 of the Pokagon Band Burial Fund Code must be completed.

_____ A. A certified copy of the death certificate of the individual listed in subsection.

_____ B. A copy of the invoice from the funeral home handling the decedent's funeral, which names the individual responsible for payment.

_____ C. A copy of the invoice from the monument company handling the decedent's monument, which names the individual responsible for payment.

_____ D. A certified copy of the marriage certificate of decedent. (If the decedent is covered by the Burial Benefit because he or she was, at the time of the decedent's death, a spouse of a Pokagon Band member.)

_____ E. A certified copy of a birth certificate identifying the decedent as a Parent of a Pokagon Band member. (If the decedent is covered by the Burial Benefit because he or she was a Parent of a Pokagon Band member.)

(If the decedent is a Step-Parent of a Pokagon Band member, then the document below must be provided.)

_____ (i) A certified copy of the decedent's marriage certificate identifying the decedent as the spouse of a Pokagon Band member.

_____ F. A certified copy of the decedent's birth certificate. (If the decedent is covered by the Burial Benefit because he or she

was, at the time of his or her death, a child under the age of 18, of a Pokagon Band member, and eligible for enrollment with the Pokagon Band.)

3. Sworn Statement of _____
Print Name

I swear that the information I have provided in this application is true and correct.

Signature

Print Name

4. Notary to complete information below.

Signed and sworn to before me in _____ County, _____ on
Print County Print State

Print Date

Notary's Signature

Notary's Printed Name

Acting In

Commissioned In

My Commission Expires

Stamp