



Constituent Services Program

627 Grandview
Pawhuska, OK 74056
(918) 287-5662
(800) 320-8742
Fax: (918) 287-5221

BURIAL ASSISTANCE APPLICATION

The Osage Nation would like to extend its sincere condolences for the loss of your loved one. We, at the Constituent Services Program, understand that this is a difficult time and would like to offer our support. The Osage Nation Burial Assistance Service provides families of deceased members of the Osage Nation with up to \$5,000 for burial/funeral expenses when applications are submitted within sixty (60) days of the time of death.

The Osage Nation Burial Assistance Service is unable to pay for the following:

- Burial/funeral expenses associated with an individual who is not a legally enrolled member of the Osage Nation at the time of death.
- Burial/funeral expenses paid out of an estate.
- Alcoholic beverages listed on a receipt.

Applications are considered complete when all required and requested documents have been submitted, including:

- Completed Burial Assistance Application
- Osage Nation Membership Card
- Copy of Death Certificate
- Copy of itemized funeral home statement
- If deceased was a veteran, copy of Form DD-214 (if form has not previously been submitted to this office)
- Copy of itemized statement for costs associated with funeral (last rites, flowers, receptions, funeral feast, blankets)
- Completed W-9 for applicant or vendor



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Mailing: 627 Grandview
 Physical: 239 W. 12th Street
 Pawhuska, OK 74056
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 Fax: (918) 287-5221

APPLICANT INFORMATION (please print)			
Last Name:		First Name:	
		MI:	
		Date:	
Address (Street or PO Box):		City:	State:
			Zip:
Email:	Phone:		Message Phone:

DECEASED MEMBER INFORMATION (please print)			
Last Name:		First Name:	
		MI:	
		Maiden Name:	
Date of Birth:	Date of Death:	Osage Membership No.:	Veteran:
			<input type="checkbox"/> Yes <input type="checkbox"/> No

FUNERAL HOME INFORMATION (please print)			
Name:			
Address (Street or PO Box):		City:	State:
			Zip:
Contact Name:		Phone No.:	

To allow the Constituent Services Program to be of further assistance, please check the boxes below.

- I would like the Constituent Services Program to submit the attached death certificate to the Osage Nation Membership Department.
- I would like the Constituent Services Program to submit the attached obituary to the Osage News.

If you have any further questions, please feel free to review our Burial Assistance Policy, located on the Constituent Services web page of the Osage Nation website or call us at (918) 287-5662 or (800) 320-8742.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Burial Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date Stamp
Received By:

Case No.: _____
Check No.: _____
Notes: _____

