

## Osage Nation Burial Assistance Application Process



- ✓ Submit an application within 30 days of time of death.
- ✓ Provide CDIB or Membership Card that verifies Osage Indian Blood for deceased individual.
- ✓ Provide a copy of a death certificate for the deceased individual.
- ✓ Provide a copy of an itemized Funeral Home statement of the deceased individual.

*The application is complete when all pertinent documentation is received by this office; once the application is complete a letter of approved funds and check will be mailed to the funeral home. Notice will also be sent to the applicant informing them of the amount being paid to the funeral home.*

- Allow 10-14 working days for **completed** application to be processed and a check issued.
- Reimbursements checks will only be issued to funeral home and designated grocer **only**; individual expenses will not be reimbursed.

**For more information, questions, or concerns please contact the Osage Nation Constituent Services Office:**

Osage Nation Constituent Services Office  
Attention: W. Jacque Jones, Administrator  
627 Grandview  
Pawhuska, OK 74056  
Phone: (918)287-5662  
Fax: (918)287-5562  
E-mail: [jjones@osagetribe.org](mailto:jjones@osagetribe.org)

OSAGE NATION  
BURIAL ASSISTANCE APPLICATION



**I. Applicant Information (Contact person)**

|   |            |                |                      |       |  |
|---|------------|----------------|----------------------|-------|--|
| _____                                   |            | _____          |                      | _____ |  |
| Last Name                               | First Name | Middle Initial |                      |       |  |
| _____                                   |            | _____          |                      | _____ |  |
| Address                                 |            | City           | State                | Zip   |  |
| _____                                   |            |                | _____                |       |  |
| Phone Number (please include area code) |            |                | Message phone number |       |  |

**II. Deceased Individual Information**

|                          |            |                |                          |       |  |       |  |
|--------------------------|------------|----------------|--------------------------|-------|--|-------|--|
| _____                    |            | _____          |                          | _____ |  | _____ |  |
| Last Name                | First Name | Middle Initial | Maiden Name (if married) |       |  |       |  |
| _____                    |            | _____          |                          | _____ |  |       |  |
| Birth Date               |            | Date of Death  |                          |       |  |       |  |
| _____                    |            |                |                          |       |  |       |  |
| Tribal Enrollment Number |            |                |                          |       |  |       |  |

**III. Funeral Home Information**

|                          |  |              |  |
|--------------------------|--|--------------|--|
| _____                    |  | _____        |  |
| Funeral Home             |  | Contact Name |  |
| _____                    |  |              |  |
| Complete Mailing Address |  |              |  |
| _____                    |  |              |  |
| Phone Number             |  |              |  |

**III. Miscellaneous Information**

Would you like an obituary published in the Osage Nation News and/or Website? YES or NO

*(If yes please attach obituary to be printed)*

Do you plan to use burial funds towards traditional burial feast for funeral (Osage Reservation only)? *(If yes, please complete the next part of this form)* YES or NO

\_\_\_\_\_ YES or No  
Name of Grocery Store Arrangements made?

\_\_\_\_\_ Address City State Zip

Amount \$ \_\_\_\_\_

\_\_\_\_\_ Applicant Signature Date