

**CONSTITUENT SERVICES
OFFICE OF THE PRINCIPAL CHIEF**

627 GRANDVIEW

PAWHUSKA, OK 74056

FAX: (918)287-5221 OR (918)691-5221

E-MAIL: constituentservices@osagenation-nsn.gov



BURIAL ASSISTANCE REQUIRED DOCUMENTATION AND PROCESS

REQUIRED DOCUMENTATION:

- Submit an application within 60 days from the time of death
- Provide a copy of Osage Membership Card for deceased individual
- Provide a copy of death certificate for deceased individual (support document)
- Completed W-9 for the individual or vendor/business
- Provide a copy of an itemized funeral home statement for the deceased individual (support document)
- If Veteran please remember to attach DD214 Document if it has not been previously submitted to the Constituent Services Office.

BENEFIT AMOUNT:

Maximum amount \$5,000

PROCESS:

1. Submit burial assistance application with a copy of the Osage Nation Membership Card (not necessarily the supporting document i.e.; death certificate and/or itemized funeral home statement).
2. Submit supporting documentation i.e.: death certificate, itemized funeral home statement, and W-9 form.
3. The application is complete when all pertinent documentation is received.
4. A check request will be submitted by the Constituent Services Office and mailed within 15 business days from the date all pertinent documents are received.
5. A letter and check(s) will be mailed directly to vendor.
6. Notice of approval/denial of benefit will be mailed to the individual/family member listed on Section 1 of the application.

EXCLUSION:

- ✗ Deceased Osage with only a C.D.I.B at the time of death**
- ✗ Not a tribal member at the time of death**
- ✗ Burial/funeral expenses paid out of an estate**
- ✗ Burial/Funeral expenses pre-paid by the deceased individual**
- ✗ Burial/Funeral expenses pre-paid by the deceased individual**
- ✗ Receipts with alcoholic beverage**

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BURIAL ASSISTANCE APPLICATION

SECTION 1: APPLICANT CONTACT INFORMATION (Please print)

LAST NAME	FIRST NAME	M.I.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	MESSAGE PHONE NUMBER	E-MAIL ADDRESS	

SECTION 2: DECEASED OSAGE MEMBER INFORMATION (Please print)

LAST NAME	FIRST NAME	M.I.	(MAIDEN LAST NAME)
DATE OF BIRTH	DATE OF DEATH	MEMBERSHIP NO..	VETERAN Y /N

SECTION 3: FUNERAL HOME INFORMATION (Please print)

FUNERAL HOME	CONTACT NAME
COMPLETE MAILING ADDRESS	PHONE NUMBER

CONSTITUENT SERVICES OFFICE USE ONLY	
CHECK NUMBER: _____	DATE STAMP
CHECK AMOUNT: _____	
NOTES: _____	RECEIVED BY: _____
