

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
APPLICATION FOR FINANCIAL ASSISTANCE
FUNERAL FUND – BURIAL ASSISTANCE**

DECEASED TRIBAL MEMBER IDENTIFICATION

NAME: _____
Last First Middle

Maiden Name Other Name(s) Used

Date of Birth: _____ Social Security No: _____

Date of Death: _____ Place of Death: _____

Street Address: _____

City-State-Zip Code: _____

BENEFICIARY INFORMATION

NAME: _____
Last First Middle

Maiden Name Other Name(s) Used

Social Security No.: _____ Date of Birth: _____

Relationship to Deceased: _____

Street Address: _____

City-State-Zip Code: _____

Telephone: Day () _____ Evening () _____

Signature of Beneficiary (required) **Date**

FUNERAL HOME INFORMATION

Name of Funeral Home: _____

Contact Person Name: _____

Street Address: _____

City-State-Zip Code: _____

Telephone: () _____

Fax: () _____

For prepaid or payments made to the Funeral Home prior to application, please indicate the amount paid as indicated on receipt (please attach receipt) \$ _____

PLEASE NOTE: WE CANNOT REIMBURSE PAYMENTS TO AN INSURANCE COMPANY.

ATTACHMENTS: (REQUIRED)

- Certified Death Certificate
- Itemized Statement from Funeral Home
- Receipt of payment for funeral services for individual identified on application
- W-9 (for tax purposes)

MAIL APPLICATION TO:

Sault Tribe – Anishnaabek Community and Family Services
Funeral Assistance, 2218 Shunk Road, Sault Ste. Marie, MI 49783

CONTACT NUMBERS

Toll Free 1-800-726-0093

Telephone: 906-632-5250

Facsimile: 906-632-5266

Received By:	Date:	REF. NO.
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