



MANDAN, HIDATSA & ARIKARA NATION

Three Affiliated Tribes * Fort Berthold Indian Reservation
Tribal Business Council

404 Frontage Road * New Town, North Dakota * 58763-9402
Phone: 701.627.4781 * Ext. 8112 * Fax: 701.627.3503

Office of the Chairman
Tex "Red Tipped Arrow" Hall

WAKE/FUNERAL GRANT APPLICATION FUNERAL ASSISTANCE FOR A DECEASED **ENROLLED** MEMBER

PRINT

NAME OF DECEASED: _____

TRIBAL ENROLLMENT NUMBER: _____ DATE OF BIRTH: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

PLACE OF DEATH: _____

I HEREBY REPRESENT AND AFFIRM AN AGREEMENT BY ALL IMMEDIATE FAMILY MEMBERS (I. E. SPOUSE; CHILDREN; SIBLINGS; PARENTS & GRANDPARENTS) HAS BEEN REACHED REGARDING THE DISPOSITION OF FUNERAL ASSISTANCE THE MHA NATION IS PROVIDING.

PLEASE MAKE CHECK PAYABLE TO FUNERAL HOME (A letter of services from the Funeral Home must be provided with application):

PRINT

NAME: _____ CONTACT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I CERTIFY THAT ABOVE INFORMATION IS TRUE AND CORRECT (please print):

Must be over the age of 18 years

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/STATE: _____

TELEPHONE: _____

Signature of Applicant

STAMP HERE

RECEIVED BY: _____