



# 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

## 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 CERIFY 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: \_\_\_\_\_