



**Pokagon Band Department of Social Services  
Bereavement Services**

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Applicant Information

1. \_\_\_\_\_  
Applicant's Name Date of Application

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Street Address City/Town State/Zip

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Telephone Number Social Security Number

Are you a Pokagon Band Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Tribal Enrollment Number \_\_\_\_\_

Relationship to the decedent? \_\_\_\_\_

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Decedent Information

2. \_\_\_\_\_  
Decedent's Name Age Birth Date Date of Death

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Street Address City/Town State/Zip

Was the decedent a Veteran? Yes  No

- If yes, would you like assistance from Bodéwadmik Ogitchedaw? Yes  No

Are you planning to have a traditional native service? Yes  No

- If yes, would you like assistance from History and Culture? Yes  No

Are you interested in a Remembrance Blanket from the Department of Education? Yes  No

Decedent's eligibility status; as defined under subsection 6(B) of the Burial Fund Code:

Pokagon Band Citizen Tribal Enrollment Number \_\_\_\_\_

Spouse of Pokagon Band Citizen

(If the decedent was a Spouse of a Pokagon Band Citizen, one of the following statements must also be checked.)

\_\_\_\_\_ (i) The decedent was lawfully married to a Pokagon Band Citizen at the time of the decedent's death.

\_\_\_\_\_ (ii) The Pokagon Band member predeceased the Decedent and the decedent Spouse never remarried after the death of the Pokagon Band Citizen.

Non-Pokagon Band Citizen Parent of Pokagon Band Citizen  
(If the decedent was a Step-Parent of a Pokagon Band Citizen, the statement below must also be checked.)

\_\_\_\_\_ (i) The decedent was the legal spouse of a natural or adoptive parent of a Pokagon Band Citizen, while the Pokagon Band Citizen was a minor and remained lawfully married to the natural or adoptive parent of the Pokagon Band Citizen at the time of the decedent's death.

Child under the age of 18, of Pokagon Band Citizen, who at the time of his or her death, was eligible for enrollment with the Pokagon Band.

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Documentation

The following documents must be provided with application. If unable to provide such documents, a Sworn Statement pursuant to Section 10 of the Pokagon Band Burial Fund Code must be completed.

- \_\_\_\_\_ A. A certified copy of the death certificate of the individual listed in subsection.
  
- \_\_\_\_\_ B. A copy of the invoice from the funeral home handling the decedent's funeral, which names the individual responsible for payment.
  
- \_\_\_\_\_ C. A copy of the invoice from the monument company handling the decedent's monument, which names the individual responsible for payment.
  
- \_\_\_\_\_ D. A certified copy of the marriage certificate of decedent. (If the decedent is covered by the Burial Benefit because he or she was, at the time of the decedent's death, a spouse of a Pokagon Band Citizen.)
  
- \_\_\_\_\_ E. A certified copy of a birth certificate identifying the decedent as a Parent of a Pokagon Band Citizen. (If the decedent is covered by the Burial Benefit because he or she was a Parent of a Pokagon Band Citizen.)
  - (If the decedent is a Step-Parent of a Pokagon Band Citizen, then the document below must be provided.)
  - \_\_\_\_\_ (i) A certified copy of the decedent's marriage certificate identifying the decedent as the spouse of a Pokagon Band Citizen.
  
- \_\_\_\_\_ F. A certified copy of the decedent's birth certificate. (If the decedent is covered by the Burial Benefit because he or she was, at the time of his or her death, a child under the age of 18, of a Pokagon Band Citizen, and eligible for enrollment with the Pokagon Band.)

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3. Sworn Statement of \_\_\_\_\_  
Print Name

I swear that the information I have provided in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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4. Notary to complete information below.

Signed and sworn to before me in \_\_\_\_\_ County, \_\_\_\_\_ on  
Print County Print State

\_\_\_\_\_  
Print Date

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
Acting In

\_\_\_\_\_  
Commissioned In

\_\_\_\_\_  
My Commission Expires

Stamp

Please send a faxed copy and originals to:

Address: Pokagon Band Social Services-58620 Sink Road, Dowagiac, MI 49047

Phone: 269-462-4277 Social Services-Attention-Mark Pompey

Fax: 269-782-4295