



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.

Children age 5 and younger, of Citizens, who, at the time of their death, was eligible for enrollment with the Pokagon Band.

A Stillborn Child of a Citizen who, if born alive, would have been eligible for enrollment with the Band.

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Documentation

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

- \_\_\_\_\_ 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.)

Note: An Applicant shall submit an application and all required documents to the Department of Social Services within 360 calendar days of the date of death

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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

Stamp

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

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

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

Please send a faxed/emailed copy and then originals to:

Address: Pokagon Band Social Services  
58620 Sink Road, Dowagiac, MI 49047  
Attention-Mark Pompey  
Phone: 269-462-4277  
Fax: 269-782-4295  
Email: mark.pompey@pokagonband-nsn.gov