



Cowlitz Indian Tribe

Burial/Funeral Assistance Application

The Cowlitz Indian Tribe will pay up to \$4,000.00 (out of pocket expenses) per decedent, payment is made directly to the facility the family chooses to handle the arrangements. A copy of the death certificate should accompany the invoice of the Funeral Home.

Deceased Name: _____ Enrollment Number: _____

Birth date: _____ Date of Death: _____ SSN# _____

FAMILY CONTACT:

Name: _____ Relationship: _____

Address: _____

Contact Phone: _____

Funeral Amount Requested: _____

Certification

By signing this document I am certifying all information provided, orally and on this form is true and correct to the best of my knowledge. I authorize the Cowlitz Tribe Social Services staff to obtain necessary information regarding burial arrangements for _____ . I acknowledge the information provided is subject to verification and that falsification of information shall be grounds for denial and reimbursement of any and all funds received from this program.

Signature: _____ Date: _____

Please return to:
Cowlitz Indian Tribe ATTN: Cathy Raphael, PO Box 2547 Longview, WA 98632
360-575-3310 – Fax 360-575-1956 – Email cowlitzenrollment@cowlitz.org