



COWLITZ INDIAN TRIBE

Burial/Funeral Assistance Application

The Cowlitz Indian Tribe offers financial assistance of up to \$4,000.00 per decedent to cover out-of-pocket funeral expenses. Payments are made directly to the funeral home or facility selected by the family. A copy of the death certificate must accompany the invoice from the funeral home.

Decedent Information

Full Name: _____ Enrollment Number: _____

Date of Birth: _____ Date of Death: _____ Social Security Number: _____

Family Contact Information

Name: _____ Relationship to Decedent: _____

Mailing Address: _____

Phone Number: _____

Amount Requested: \$ _____

By signing below, I certify that all information provided on this form and verbally is true and accurate to the best of my knowledge. I authorize the Cowlitz Indian Tribe Enrollment Department staff to obtain any necessary information regarding burial arrangements for the above-named decedent.

I understand that all information is subject to verification. Any falsification may result in denial of assistance and reimbursement of any funds received through this program.

Signature: _____ Date: _____

Please return the completed application and supporting documents to:

Cowlitz Indian Tribe, ATTN: Enrollment – Dianna Edison, PO Box 2547, Longview, WA 98632
Phone: 360-353-9922 Fax: 360-575-1956 Email: enrollment@cowlitz.org

The Forever People

PO Box 2547 ∞ Longview, WA 98632-8594 ∞ (360) 577-8140