

KICKAPOO TRIBE OF OKLAHOMA

P.O. BOX 70
MCLLOUD, OK 74851

ENROLLMENT: (405) 964-5418
FAX: (405) 964-5417

ATTN: REQUESTOR

DATE _____

Due to recent conflicts of the distributions of the adoption funds, the Kickapoo Tribe of Oklahoma Enrollment Department is requesting you to provide at least 3 (three) or more close relatives of the deceased (Aunt, Uncle, Brother, Sister, grandma, grandpa, or children of deceased) giving you authority to have a check made out to you with the full remaining balance of the adoption funds.

REMINDER: These funds are for a traditional adoption only and not for personal use. Once these funds are disbursed to a relative of the decedent the Kickapoo Tribe of Oklahoma and the Enrollment Department are not to be held liable for how the funds are spent.

Attn: Business Committee

This shall serve as an official request of the traditional adoption funds set aside for

_____ who passed away on _____. I am fully aware that the Kickapoo Tribe of Oklahoma and the Enrollment Department will not be held liable for the way I handle the funds after it has been disbursed to me. The following signatures below are our relatives that approve of me being responsible for the upcoming adoption. If anyone should have any questions, I can be contacted at _____.

Sincerely,

Requestor

I am aware that with my signature below that I am agreeing for the adoption funds to be disbursed to _____ in the amount of _____.

Name

Relationship to the decedent

Name

Relationship to the decedent

Name

Relationship to the decedent

State of: _____

County of: _____

In the presence of a notary, _____, _____, and _____ came before me on this _____ day of _____, 20__.

Notary: _____

Commission Expires: _____

(SEAL)