

Kickapoo Tribe of Oklahoma

Post Office Box 70
McCloud, OK 74851

Enrollment: (405)964-4227
Fax: (405)964-5417

BURIAL FUNDS REQUEST

DATE: _____

Dear Business Committee:

This is to request Burial funds for _____ who passed away on _____ . I have knowledge of the circumstances surrounding the death of the above-mentioned individual. The check for funds in the amount of \$ _____ should be made out to: _____ .

On behalf of the family, I understand that a remaining balance of only \$ _____ is available for the purpose of having an adoption at a later date.

Sincerely,

Requestor/surviving relative

Address

Phone #