



P.O. Box 134 Concho, OK 73022 (405) 422-7600 Toll Free: (800) 247-4612

Fax: (405) 422-8238

DATE:		

HEADSTONE ASSISTANCE APPLICATION

Tribal Member must have died after October 1, 2007

APPLICANT INFORMA	TION						
Name	Relationship to Decedent						
Mailing Address	Cit		State	ZIP			
Enrollment # 2801A	Social Security #						
Telephone #	Cell Phone #	# Message Phone #					
DECEDENT INFORMA	TION						
Name	Date of	Birth	Date of Dea	ath			
Enrollment # 2801A							
Name of Funeral Home		Funeral Home Phone #					
VENDOR INFORMATION	ON Original Invoice or C	ontract must be at	ached				
		Telephone #					
Mailing Address	Cit		State	ZIP			
Is the cemetery in the Cheyenne and	Arapaho Tribes Service Are	ea? 🗌 YES	\square NO				
Cemetery Location, City and State							
CERTIFICATION I certify to Cheyenne and Arapaho Tribes Burial deceased tribal member. The program be paid directly to the vendor. I furthe be paid before the issue of the tribal company to the company to the tribal company to the c	Program will assist in the p assistance was effective of runderstand that the cost of	urchase of one (1) 10/01/2007. The ar	headstone for the mount of assistant wer \$500.00 is my	e above listed ce is \$500.00 and will			
manager 2		Applicant Sign	alule	Date			