

**KAW NATION**

**HEADSTONE ASSISTANCE APPLICATION**

**P.O. Box 50**

**Kaw City, OK 74641**

**Tel. # 580/269-1186**

**Fax #580/269-2116**

[WWW.KAWNATION.COM](http://WWW.KAWNATION.COM)

[jhays@kawnation.com](mailto:jhays@kawnation.com)

When applying for headstone assistance, please include the following:

- Completed application
- Copy of the deceased membership card or enrollment number listed
- Copy of the invoice showing the cost of the headstone and a copy of the monument company's W-9.

Family member will be responsible for selecting the headstone and giving the monument company the correct location of the grave site and follow-up on placement of the headstone.

Tribal members may use any monument company. The maximum amount paid on a headstone is \$500.00. Any amount over \$500.00 will be the responsibility of the family.

Please return the application to: **Kaw Nation**  
**Social Services Department**  
**P.O. Box 50**  
**Kaw City, OK 74641**

**KAW NATION**

***HEADSTONE ASSISTANCE APPLICATION***

Name of deceased: \_\_\_\_\_ Maiden if applicable: \_\_\_\_\_

Date of death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Kaw enrollment number: \_\_\_\_\_

Birthdate of deceased: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address of deceased: \_\_\_\_\_

Name and address of monument company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Name of person completing this application: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

***FOR OFFICE USE ONLY***

***APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_***

***TOTAL AMOUNT APPROVED: \$ \_\_\_\_\_ ACCOUNT #: TRB SS 6633***

***APPROVED BY TRIBAL OFFICIAL/REPRESENTATIVE: \_\_\_\_\_***