KAW NATION

HEADSTONE ASSISTANCE APPLICATION

P.O. Box 50 Kaw City, OK 74641 Tel. # (580)269-1186 Fax # (580)269-2116

<u>WWW.KAWNATION.COM</u> <u>ameans@kawnation.com</u>

When applying for	or 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.
•	vill be responsible for selecting the headstone and giving the any the correct location of the grave site and follow-up on headstone.
	nay use any monument company. The maximum amount paid on 000.00. Any amount over \$1,000.00 will be the responsibility of
Please return the a	application to: Kaw Nation Social Services Department

P.O. Box 50

Kaw City, OK 74641

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Name of deceased:	Maiden if applicable:		
Date of death: Month Date	ay Year		
Kaw enrollment number:			
Birthdate of deceased: Month I	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:		
* * * * * * * * * * * * * * * * * * *			
APPROVED: YES NO	DATE APPROVED:		
TOTAL AMOUNT APPROVED: \$	ACCOUNT #: <u>TRB SS 6633</u>		
APPROVED BY TRIBAL OFFICIAL/REP	RESENTATIVE:		