

CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. BOX 159
CROW AGENCY, MT 59022

Notification of Enrolled Member Death

DIRECTIONS: This form is used to inform the Crow Tribe Enrollment & Per Capita Department of an enrolled member's death. It is also used to request assistance with burial expenses, for which the Crow Tribe is able to provide up to a \$5000 burial allowance. Please enter the corresponding information into the below fields. Family members or representatives of the deceased enrolled member must fill out **Section A** of this form. **Section B** of this form is to be filled out by the funeral home or mortuary that will be providing the services for the deceased enroll member.

Section A: Identification of Deceased Enrolled Member			
1. Deceased Name <small>(FIRST — M.I. — LAST)</small>	2. Date of Death <small>(MM/DD/YYYY)</small>	3. Date of Birth <small>(MM/DD/YYYY)</small>	
4. Deceased's Enrollment Number <small>(E.G. 202U123456)</small>	5. Name of Deceased's Surviving Spouse/Representative <small>(FIRST — M.I. — LAST)</small>		
6a. Contact for Deceased's Spouse/Representative: Street or Box #	6b. City	6c. State	6d. Zip Code
6e. Phone Number	6f. Email Address		
7a. Are you requesting a burial allowance? <small>(PLEASE INDICATE "YES" OR "NO")</small>	7b. How much assistance are you requesting?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Section B: Funeral Home/Mortuary Information			
1. Name of Funeral Home/Mortuary			
2a. Contact: Street #	2b. City	2c. State	2d. Zip Code
2e. Phone Number	2f. Email address		
3. Place of Disposition <small>(WHERE THE DECEASED PERSON'S REMAINS WILL BE)</small>	4. Method of Disposition <small>(BURIAL, CREMATION, ETC.)</small>		
5. Total (Estimated) Expenses of Services for Deceased			
\$			
Enrollment Office Use Only			
Amount of burial allowance granted	Date AP Submitted to Finance	Enrollment staff signature	
\$		_____	