

ALL ENROLLED TRIBAL MEMBERS 18 YEARS OF AGE AND OLDER

BURIAL FUND

Effective October 1, 1998 all Enrolled Members are entitled to receive \$5,000.00 burial allowance which are intended to provide funds for funeral services, wake/dinner of the deceased tribal member.

PROCEDURES:

A Personal Representative, so designated by the deceased, will be responsible to make the necessary burial arrangements of the deceased.

The Personal Representative must provide the name, phone number of the funeral home that will be providing the services. The Tribe will then contact the Funeral Home to obtain the costs of services. Upon receiving a certified death certificate and itemized statement, the Tribe will issue payment directly to the funeral home any remaining balance will be paid to the Personal Representative.

Fund for the wake/dinner may be handled either by issuing a purchase requisition to a grocery store or issue check directly to the Personal Representative to purchase the necessary food products.

IN THE EVENT: a Personal Representative has not been named expenditures from the burial fund may be requested by and in the following priority: 1) Surviving Spouse 2) Eldest Child 3) Surviving Parent 4) Eldest Sibling.

IN THE EVENT: the deceased is a minor child, the legal guardian shall authorize expenditures from the burial fund.

BEGINNING APRIL 15, 1995: any Tribal Member who has not designated a Personal Representative for their burial fund, will have the remaining balance, after all related burial costs have been paid will be directed to Probate and become part of the Estate of the deceased. The Confederated Salish and Kootenai Tribes will no longer issue the remaining balance to the survivor of the deceased Tribal Member in which has not designated a Personal Representative. **IN THE EVENT:** the deceased is a minor child any balance after the payments for the wake/funeral costs would be paid directly to the legal guardian. Exceptions: In case of Fetal Death (20 weeks to birth) and a Fetal Death Certificate is filed or if the infant dies just after birth, only the burial expense will be paid.

The Burial Forms are available: Tribal Enrollment P.O. Box 278 Pablo, MT 59855 – Contact Erma Haynes, Asst. Director (406) 675-2700 ext-1013. Please complete the form and signature needs to be notarized return to the above listed address. ***After hours and weekends contact Erma Haynes - cell (406) 309-0705.***

**CONFEDERATED SALISH & KOOTENAI TRIBES
BURIAL ALLOWANCE FORM**

**RETURN TO: CONFEDERATED SALISH & KOOTENAI TRIBES
ATTN: ENROLLMENT OFFICE
P.O. BOX 278
PABLO, MT 59855**

• PLEASE PRINT OR TYPE

Last Name _____ First Name _____ Initl. _____

203-U0 _____ Address: _____

PERSONAL REPRESENTATIVE #1

Name: _____ Relationship _____
Address: _____ Telephone _____

PERSONAL REPRESENTATIVE #2 (Please select at least two Personal Representatives in case the first choice should precede you in death)

Name: _____ Relationship _____
Address: _____ Telephone _____

Signature _____

_____ **Date**

Notary Signature _____

(Stamp)