

**SENECA NATION OF INDIANS  
BURIAL FUND REQUEST**

Name of Decedent: \_\_\_\_\_ Clan: \_\_\_\_\_  
Enrollment #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**DEATH CERTIFICATE - SIGN A RELEASE OF INFORMATION TO FUNERAL HOME FOR SENECA NATION.**

IF UNDER THE AGE OF 1, HOSPITAL STATEMENT WITH BIOLOGICAL MOTHER'S NAME.

Mother's Name: \_\_\_\_\_  
Enrollment #: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Person Filing Request: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**ORIGINAL INVOICE MUST BE SUBMITTED TO THE NATION FOR PAYMENT, NOT TO EXCEED \$7,000.00**

TO VERIFY ENROLLMENT, PLEASE CONTACT THE SNI CLERK'S OFFICES:  
ALLEGANY: (716) 945-1790                      CATTARAUGUS: (716) 532-4900

**FOR OFFICE USE ONLY - SNI CLERK'S OFFICE**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_