

Yurok Health and Human Services



P.O. Box 1027
Klamath, CA 95548
Phone (707) 482-1350 Fax (707) 482-1368
Email: Burial@yuroktribe.nsn.us

Burial and Funeral Assistance INFORMATION SHEET

The Yurok Tribal Burial Assistance Program may be able to assist with final expenses for Yurok Tribal Members.

Some services include but are not limited to:

- Chapel/Mortuary Services
- Caskets/Urns
- Headstones and Burial Plots
- Flowers
- Death Certificates
- Newspaper Announcement

CHECKLIST

The following information must be provided before your requests can be processed:

- Completed Application
- Life Insurance Information
- Invoice from Funeral Home or other Service Providers **OR** Receipt for Payment Made*
- W9 for Funeral Home or other Service Provider (Outside of the Service Area)

***Provide receipts of payments and reimbursements will be made for qualifying services.**

For your convenience, applications may be submitted via mail, fax, email or over the phone. For more information, please contact:

Springwind Marshall/Melissa Mendoza

Phone (707) 951-6631

Fax (707) 482-1368

Email: Burial@yuroktribe.nsn.us

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General Assistance Application (GA) **BURIAL/ FUNERAL ASSISTANCE**

Applicant Name: _____ DOB: _____
 (Name of Deceased Tribal member)

Address: _____

SS#: _____

Tribal Affiliation: _____ Roll Number: _____

Probate Administrator (Family Contact): _____
 Relationship: _____
 Address: _____
 Phone#: _____

District: ___ South ___ East ___ North ___ Orick ___ Requa ___ Pecwan ___ Weitchpec

Monthly Income of all Household Members

AFDC	\$ _____
SSI	\$ _____
Wages	\$ _____
Unemployment	\$ _____
Veterans Benefits	\$ _____
Social Security	\$ _____
Other	\$ _____
TOTAL	\$ _____

Funeral Amount Requested \$ _____

Certification: By signing this document I am certifying that all information provided, orally and on this form are true and correct to the best of my knowledge.

I authorize the Yurok Tribe Social Services staff to obtain necessary information regarding _____ burial arrangements.
 (Name of Deceased)

I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial and reimbursement of any and all funds received from this program.

Verbal Authorization Given

Family Contact signature: _____ Date: _____

Approved by: _____ Date: _____