



# Stockbridge-Munsee Community

## LAND & ENROLLMENT DEPARTMENT

N8476 MohHeConNuck Rd. • P.O. Box 70 • Bowler, WI 54416

Phone: (715) 793-4677 • (715) 793-4671

### BURIAL ASSISTANCE APPLICATION

This form must be completed and signed to receive consideration for Stockbridge-Munsee Burial Assistance. Please return the completed and signed application with all required documentation to the Stockbridge-Munsee Land & Enrollment Department.

#### DECEDENT INFORMATION

Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Full Name of deceased: \_\_\_\_\_  
Last First Middle Suffix/Maiden

Address: \_\_\_\_\_  
P.O. Box or Street/Apt. City State/Zip

Date(s) of Services: \_\_\_\_\_  
(date of memorial services, cremation date, burial date, etc.)

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#### FUNERAL/CEMETERY/CREMATORY SERVICE PROVIDER INFORMATION

Funeral Home Name: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State/Zip  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

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Cemetery/Crematory Name: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State/Zip  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**Note:** Must provide Certified Death Certificate, invoices and receipts (if applicable).

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#### SIGNATURE OF EXECUTOR/FAMILY REPRESENTATIVE

##### PRINT NAME

Executor/Family Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State/Zip

##### SIGNATURE

Executor/Family Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Note:** Must provide proof of Executor of Estate if applicable.

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#### OFFICE USE ONLY

##### DOCUMENTS INCLUDED

- Certified Death Certificate
- Funeral Home Invoice
- Cemetery/Crematory Invoice
- Receipt(s) of Payor (if applicable)
- Executor of Estate document (if applicable)

##### TRIBAL ENROLLMENT VERIFICATION

Date Application Received: \_\_\_\_\_  
 Enrollment Number of deceased: \_\_\_\_\_  
 Enrollment Dept. Initials: \_\_\_\_\_