

BURIAL INSURANCE FUND ENROLLMENT FORM
Citizen Potawatomi Nation

**This form must be completed and returned to the tribe to be eligible for burial insurance payment.
Please print**

Name: _____
(Including Maiden)

Social Security #: _____ **Tribal ID #:** _____

Address: _____

City/State: _____ **Zip Code:** _____

Birthdate: _____

Beneficiary: _____

Address: _____

State: _____ **Zip Code:** _____

Tribal ID # (if applicable) _____

Signature of Applicant _____

Parent signature required for minor

Send To: Citizen Potawatomi Nation 1601 S. Gordon Cooper Dr. Shawnee OK 74801 Attn: Tribal Rolls