



2872 Mission Drive, Shelbyville, MI 49344 | {p} 269.397.1780 | gunlaketribe-nsn.gov

Match-E-Be-Nash-She-Wish Band of Pottawatomí Indians Burial Program Application

APPLICANT INFORMATION

Last Name	First Name	Relationship to Decedent		
Current Address	City	State	Zip Code	
Home Phone Number () -	Cell Phone Number () -	E-mail Address		

TRIBAL CITIZEN (Decedent Information)

Last Name	First Name	Date of Death	Tribal ID Number
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EXPENSE 1

Type of Final Expenses		Amount of Request \$	
Merchant Information:			
Make Check Payable To:			
Beneficiary Form on File (Office Use Only)	Type of Beneficiary		
Death Certificate Received (Office Use Only)	Date Scanned to Progeny	County of Probate	Estate/Will/Trust (if available)

EXPENSE 2

Type of Final Expenses		Amount of Request \$	
Merchant Information:			
Make Check Payable To:			
Beneficiary Form on File (Office Use Only)	Type of Beneficiary		
Death Certificate Received (Office Use Only)	Date Scanned to Progeny	County of Probate	Estate/Will/Trust (if available)

EXPENSE 3

Type of Final Expenses		Amount of Request \$	
Merchant Information:			
Make Check Payable To:			
Beneficiary Form on File (Office Use Only)	Type of Beneficiary		
Death Certificate Received (Office Use Only)	Date Scanned to Progeny	County of Probate	Estate/Will/Trust (if available)

EXPENSE 4

Type of Final Expenses		Amount of Request \$	
Merchant Information:			
Make Check Payable To:			
Beneficiary Form on File (Office Use Only)	Type of Beneficiary		
Death Certificate Received (Office Use Only)	Date Scanned to Progeny	County of Probate	Estate/Will/Trust (if available)

Do you have additional expenses? Yes No. If you have additional expenses, please use a separate sheet of paper and clearly provide the details of the expense.

[REQUIRED SIGNATURES ON NEXT PAGE]

APPLICANT/BENEFICIARY CERTIFICATION

I understand the above information will be kept confidential. I certify, to the best of my knowledge and belief that the information contained within or attached to this Burial Application is accurate and complete. In addition, a certified copy of the Decedent’s Death Certificate will be submitted to the Tribe as soon as it is available.

I, the undersigned, certify that I have read the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Burial Policy and agree to adhere and be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

Applicant Signature	Date
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Dual Payment Disclosure

I, the undersigned Beneficiary of the Estate of aforementioned Tribal Citizen certify that I have read the Burial Policy Disclosure and understand that I will be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

I understand that I shall NOT seek reimbursement from another department for funding or reimbursement you have already received in relation to the decedent’s death expenses.

Departments within the Gun Lake Tribal Government communicate and share information with each other. Seeking additional funding or reimbursement from a department for services already funded by, or reimbursed by, another department or program will not be tolerated. Beneficiaries who abuse funding from this program will be subject to consequences including, but not limited to, the stoppage of current funding, prohibition from future funding or reimbursement, and/or legal action for the return of any misused funds, at the Tribe’s discretion.

Please note that this notice does not apply to requests that seek partial funding or reimbursements from multiple departments or programs in compliance with Tribal law, policy, or procedure.

Applicant Signature	Date
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