



Osage Nation Constituent Services

627 Grandview Ave. Pawhuska, OK 74056

(918) 287-5662 / (800) 320-8742

Email: constituentservices@osagenation-nsn.gov

BURIAL ASSISTANCE PROGRAM

The Osage Nation extends our sincere condolences for the loss of your loved one. We understand that this is a difficult time and would like to offer our assistance. Effective April 14, 2022, the Osage Nation Burial Assistance Program provides financial assistance up to \$8,000 for burial expenses. Complete applications must be received within sixty (60) calendar days of the date of death.

Applications must include the following:

- ☐ Completed Burial Assistance Application
- ☐ Copy of the Death Certificate
- ☐ Copy of the itemized invoice or signed contract with the funeral home
- ☐ Copy of the itemized invoice(s) or receipts of costs associated with the burial (last rites, flowers, feast, or reception)

If you have questions, you may contact the program at constituentservices@osagenation-nsn.gov or call us at (918) 287-5662 or toll free (800) 320-8742.

Best regards,

Andrea M. Kemble, Director



Osage Nation Burial Assistance Program
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Section I: Deceased Member

First Name:	Middle Name:	Last Name:	Date of Application:
Date of Birth:	Date of Death:	Osage Membership #:	Veteran: Yes No
Physical Residential Address:	City:	State :	Branch:
	County:		Zip Code:

Section II: Funeral Home

Business Name:			
Mailing Address:	City	State	Zip Code:
Office Number:		Email Address:	
Contact Name:			

Section III: Responsible Party (individual who signed the funeral home contract)

First Name:	Middle Name:	Last Name:	Relation to Deceased:
Mailing Address:	City:	State:	Zip Code:
Phone Number:		Email Address:	

Section IV: Assistance

Allowable Expense	Amount requested	Vendor or Payee
1. Payment or reimbursement of burial / cremation services	\$	
2. Payment or reimbursement of cemetery markers, monuments or cremation urns	\$	
3. Payment or reimbursement of service expenses. Allowable expenses include last rites, flowers, feast, or reception.	\$	

Please read the following statements and check all applicable boxes:

- ☐ Yes, I have been negatively and financially impacted by the COVID 19 Public Health Emergency and therefore unable to pay the burial expenses for the deceased Osage member listed on this application. I am seeking ARPA emergency burial assistance from the Osage Nation.
- ☐ No, I have not been negatively or financially impacted by the COVID 19 Public Health Emergency; however I am still seeking financial assistance with the burial expenses for the deceased Osage member listed on this application.
- ☐ The deceased member was an active member of the US military or honorably discharged from the US military. I am requesting the Osage Nation fly the flags at half mass in honor.
- ☐ I have attached a copy of the obituary and request the Osage News to share with the public.

Rights & Responsibilities

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Burial Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The application information will be released to update the Membership Department other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

Responsible Party SignatureDate