

OTTAWA TRIBE OF OKLAHOMA

Library/Archives

(918)-542-6162

Family Services/HUD

(918)-540-2377

Child Care Development

(918)-542-7259

Nutrition/Caregivers

(918)-541-1900

Environmental Protection Agency

(918)-541-1902

CHR

(918)-541-1901



Tribal Administration/Enrollment

P. O. Box 110 Miami, Oklahoma 74355

Phone: (918)-540-1536 Fax: (918)-542-3214

ADAWETRIBE@SBCGLOBAL.NET

Death Benefits Request Form

Chief

John Ballard

2nd Chief

Ethel Cook

Secretary/Treasurer

Bert H. Kleidon

1st Councilman

Dr. Kevin Dawes

2nd Councilman

Dr. Charla Dawes

Name of Deceased: _____

Address: _____ City: _____ State: _____ Zip: _____

Roll Number: _____

Date of Birth: _____ Date of Death: _____

Request made by: _____

Relation to Deceased: _____

Benefits Paid to: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Request: _____

Applicant's Signature: _____

PLEASE SEND DEATH CERTIFICATE WITH COMPLETED REQUEST FORM

Request Forms Must Be Submitted Within 90 Days Of The Death Date

Death Certificate required for benefits