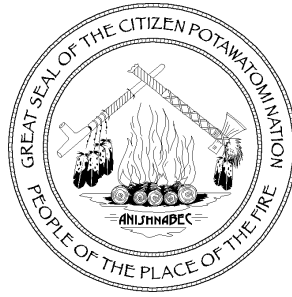


CHAIRMAN
John "Rocky" Barrett



SECRETARY-TREASURER
D. Wayne Trousdale

CITIZEN POTAWATOMI NATION
Tribal Rolls Office

BURIAL FUND ENROLLMENT FORM

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

Name: _____
First Middle Last (including maiden)

Social Security #: _____ Tribal ID #: _____

Address: _____

City/State: _____ Zip Code: _____

Birthdate: _____

Beneficiary: _____

Address: _____

City/State: _____ Zip Code: _____

Tribal ID # (if applicable) _____

Signature of Applicant: _____

Signature of the Applicant or Legal guardian (not to be signed by minor children)

Date: _____

For your benefit, please always notify the Nation of any address or phone changes!

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