Nez Perce Tribe Burial

Burial Assistance Total

Our thoughts and condolences are with you during this difficult time.

The purpose of the Nez Perce Tribe burial assistance service is to secure payment to the funeral home for the Nez Perce tribal member.

For US Veterans: you must notify the funeral home if deceased is a veteran (For US Flag)

Funeral Home

$4,000 paid directly to the funeral home for direct funeral home services.

Casket/Funeral Dinner

Nez Perce Tribal members will be provided with a casket if available on hand. Family will be responsible to pick up. Recommended to bring straps and tarp depending on weather. Tribal members are eligible for a dinner check in the amount of $750 made out to the Head Cook.

Burial Travel Assistance

18 & over Nez Perce immediate family members who must travel at least 45 miles one way to attend the funeral may receive travel assistance in the amount of $100. 1 per household.

208-843-2463  tariciam@nezperce.org  311 Agency Rd Lapwai, ID 83540
## Survivor’s Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Choose Funeral Home, contact them and have a meeting</td>
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<tr>
<td>Decide the location, place and time of the Services</td>
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<tr>
<td>Determine type of denomination for services (religious, traditional, military...)</td>
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<tr>
<td>Select casket or cremation container (recommend bringing straps when picking up casket)</td>
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<tr>
<td>Choose a burial site</td>
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<tr>
<td>Pick out clothing for the deceased</td>
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<tr>
<td>Choose scripture readings, songs</td>
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<tr>
<td>Select individual to read eulogy</td>
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<tr>
<td>Pick out flowers and music (NPT does not pay for flowers)</td>
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<tr>
<td>Slideshow</td>
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<tr>
<td>Choose pallbearers</td>
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<td>Transportation for casket and loved one</td>
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<tr>
<td>Memorial Cards (Design and send to Executive Director <a href="mailto:catherineb@nezpece.org">email</a> to print)</td>
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<tr>
<td>Obituary (Lewiston Morning Tribune must have by 3:00 to be published following day) NPT does not pay for obituary</td>
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<tr>
<td>Select the diggers of the grave</td>
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<tr>
<td>Select the Head Cook (Let Social Services know immediately to process as check) Can also contact Fish &amp; Wildlife Commission for ceremonial fish and game 208-843-9376</td>
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<tr>
<td>Contact tribal police for escort 208-843-7141</td>
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Funeral & Burial Wishes

I have reviewed and completed this document in order to give instruction and requests for my funeral and burial.

1. I do not wish to make funeral/burial arrangements. I request all arrangements to be made by __________________________

2. I have already made funeral/burial arrangements with: __________________________
   Location of document: __________________________

I will have a funeral

1. The following person(s) will be involved in arrangements:
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________

2. The funeral will be held at:
   Address: __________________________
   Contact: __________________________ Phone: __________________________

3. The viewing or wake will be held at:
   Address: __________________________
   Contact: __________________________ Phone: __________________________

4. The religious observances will be:

5. I want: __________________________ open casket [ ] closed casket [ ] to be cremated [ ]

6. My burial clothing will include:

7. The color and type of casket:

8. I would like the following to be pall bearers:
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________

I would like to have a burial service

1. The following person(s) will be involved in the arrangements:
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________
   Name: __________________________ Phone: __________________________

2. I will be buried at: __________________________
   Address: __________________________
   Contact: __________________________ Phone: __________________________

3. The religious observances will be:

I would like to be cremated
1. The following person(s) will be involved in arrangements:
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________

2. My cremated remains will be:
   [ ] Placed in a columbarium or mausoleum at: ___________________________
      Address: ___________________________ Phone: ___________________________
   [ ] Buried in a cemetery plot at: ___________________________
      Address: ___________________________ Phone: ___________________________
   [ ] Retained at the home/location of: ___________________________
      Address: ___________________________ Phone: ___________________________
   [ ] My ashes are to be scattered (in accordance with local laws)
      Location: ___________________________

I wish that the following service(s) take place:
   [ ] Service at Casket Burial       [ ] Memorial Service       [ ] Service for cremated remains

1. The following person(s) will be involved in arrangements:
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________

2. The service will be at: ___________________________
   Address: ___________________________ Phone: ___________________________

3. The religious observance will be: ___________________________

4. I would like the following speakers: ___________________________

5. I would like the following songs: ___________________________

6. I would like the following scripture or readings: ___________________________

7. I would like the following flowers: ___________________________

8. Instead of flowers I would like the proceeds to be donated to: ___________________________

9. I have a letter or written my own obituary to be read or a video to be played. They are located
   at: ___________________________

10. I would like to be honored as a [ ] veteran or member of ___________________________
    By including: ___________________________

11. I would like to be remembered for: ___________________________

12. I would like my tombstone or memorial to say: ___________________________

Name: ___________________________ Printed ___________________________ Signature ___________________________ Date ___________________________