

PASCUA YAQUI TRIBE ENROLLMENT DEPARTMENT

7474 S. Camino De Oeste • Tucson, AZ 85757 (520) 879-6242

REPORT OF DEATH FORM

PLEASE PROVIDE A STATE ISSUED DEATH CERTIFICATE, PUBLICATION OF A FORMAL OBITUARY NOTICE OR ANY OTHER WRITTEN EVIDENCE TO ESTABLISH THAT THE TRIBAL MEMBER IS DECEASED. YOUR FORM WILL BE CONSIDERED INCOMPLETE IF YOU DO NOT SUBMIT THE ABOVE DOCUMENTATION.

Note: The requested documents may be submitted to the following locations:

Tucson Office

Pascua Yaqui Tribe Enrollment Department 7474 S Camino De Oeste • Tucson, AZ 85757 *** WALK-IN & MAIL***

Guadalupe Office

Itom Hiapsi Building-Enrollment Annex 9405 S. Avenida Del Yaqui • Guadalupe, AZ 85283 *** WALK-IN ONLY- DO NOT MAIL ***

| Tribal Member Information | | |
|---------------------------|--|--|
| Last Name: | | |
| First Name: | | |
| Middle Name: | | |
| Date of Birth: | | |
| Date of Death: | | |
| PYT Enrollment No.: | | |
| Address: | | |
| City: State: Zip Code: | | |
| U.S. Veteran? Yes: No: | | |
| Branch of Service: | | |

| Next of Kin | |
|----------------|--|
| Name of Kin: | |
| Date of Birth: | |
| Relationship: | |
| Address: | |
| City: State: | |
| Zip Code: | |
| Phone# () | |
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| For Office Use Only: | Date Received: |
|---|-----------------|
| PYT Enrollment No.: | Documentation: |
| CDIB issued? Yes: No: Date: | Staff initials: |
| Document Scanned/Data Entered:(Staff initials) and (D | |