



CITIZEN POTAWATOMI NATION COLUMBARIUM
NICHE APPLICATION FORM

TO BE COMPLETED UPON THE DEATH OF TRIBAL MEMBER OR LOVED ONE

Name _____ Date _____
(Last, First, Middle)

Address _____

City _____ State _____ Zip Code _____

Please check preferred phone number.

Home _____ Work _____

Cell _____

Email _____

Niche Information

A niche is a space in the Citizen Potawatomi Nation Columbarium (CPN Columbarium) to inurn cremated remains. Please include the name(s) of those to be inurned. At least one must be an enrolled member of the Citizen Potawatomi Nation. Designee #1 is the name for the remains that will be inurned first.

Name of Designee #1 _____

Date of Birth _____ Date of Death _____

Name of Designee #2 _____

Date of Birth _____ Date of Death _____

CPN Tribal Veteran? Yes No Branch _____

Terms and Conditions

The Application Form is not intended to reserve a spot for future use. Upon the death of a Tribal member or loved one, the application is to be filled out and submitted to **Citizen Potawatomi Nation Tribal Rolls, 1601 Gordon Cooper Dr., Shawnee, OK 74801** or **scleveland@potawatomi.org**. CPN Tribal Rolls will provide confirmation of the enrolled Tribal member. Once the confirmation process is completed, a copy of the application will be provided to CPN Public Information Department for engraving purposes. If the cremated remains of the person that will be inurned first is a non-CPN Tribal member, the enrolled CPN member's name and information must be included. Signing this application in no way places financial responsibility on CPN to pay for the cremation of the listed Tribal member(s) or pay for the transportation of cremated remains.

Niche Assignment

The niche location will be assigned as the cremated remains are received. There are 400 niches in the CPN Columbarium. Each niche is designed for two urns. The CPN Columbarium has been

financed through the American Rescue Plan Act (ARPA) funds. The proper sized urns have been purchased by the Citizen Potawatomi Nation. There may be a charge for inurnment when future columbariums are built as the need arises.

Applicant Signature Date

In the space below, please provide an additional contact in case the applicant cannot be reached in a timely manner if or when needed.

Name _____
(Last, First, Middle)

Address _____

City _____ State _____ Zip Code _____

Relationship _____

Please check preferred phone number.

Home _____ Work _____

Cell _____

Email _____