



BURIAL ASSISTANCE APPLICATION

The Burial Assistance Program is for Alaska Native or American Indians that reside in Chenege, Nanwalek, Port Graham, or Seward. To demonstrate proof of eligibility, applicants must submit the deceased's CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) with this application, applications cannot be approved without a CDIB.

Name of Deceased: _____

Deceased's Date of Birth: _____ Date of Death: _____

This application must be completed within 30 days of death.

Deceased's Last physical Address: _____

For identification purposes, please provide CDIB and a copy of **one** of the following (please check):

- State ID (Driver's license or state ID)
- Birth Certificate
- Tribal Enrollment
- Social Security Card

****The deceased must have resided in the Chugach Service Area for the last 6 months of his/her life.***

Name of Applicant (please print): _____

Relationship to Deceased: _____

Address: _____

Contact Phone: _____



Have funeral arrangements been made? Yes No

Name and Address of the Funeral Home:

Funeral Home Director: _____

Telephone: _____

Upon approval of the deceased's eligibility for the program, payment will be made to the mortuary up to an amount documented in Chugachmiut policy number 700.05, Section 6.2.2.

***If assistance is granted, payment is made to the Funeral Home only, the program can not reimburse for prior payments.**

***Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral.**

Please read before signing:

My signature attests that the information provided by me is a true representation of the deceased's eligibility. . By signing this application, I hereby give Chugachmiut permission to verify all information needed to make an eligibility determination for burial assistance on behalf of the deceased.

Signature: _____ Date: _____