

King Island

PHONE (907) 443-2209 • FAX (907) 443-8049



Native Community

P.O. BOX 682 • NOME, ALASKA 99762

BEREAVEMENT ASSISTANCE APPLICATION

KINC provides Bereavement Assistance in the amount of \$500.00 to help defray the cost of funeral expenses for the death of a tribal member, a lineal descendent of an original KINC base rolls member. The deadline for filing for bereavement assistance is within three months date of death.

Name of deceased		Applicant Name (must be immediate family member of deceased)	
Date of birth	Date of death	Relationship to deceased	
Social Security #	Day Phone #	Cell Phone #	Fax#

Deceased is:

- An Original KINC tribal member
- Lineal descendant of an original KINC tribal member

Proof of eligibility (e.g. Birth Certificate, Marriage Certificate, etc.) shall be required.

Applicant must include on the following which includes name and date of death:

- Death Certificate
- Obituary (not program used at service)
- Letter from Funeral Home
- Letter from Hospital

The Check may be made payable to the applicant, other immediate family member, funeral home or other business that providing a service related to the funeral.

Make check payable to: _____

Mailing address: _____

I, the applicant certify that I am an immediate family member and I understand that the bereavement assistance fund is provided to help defray funeral related costs.

Applicant Signature

Date

Please submit completed form to KINC tribal office, email: jknowlton@kawerak.org, fax 907-443-8049 for processing.

Approved _____ Denied _____ Check Requested _____