

Native Village of Eyak  
110 Nicholoff Way  
P.O. Box 1388  
Cordova, Alaska 99574-1388  
P (907) 424-7738 \* F (907) 424-7739  
www.eyak-nsn.gov



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

## APPLICATION FOR BURIAL ASSISTANCE

Name of Deceased: \_\_\_\_\_

Deceased's Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Tribe Enrolled To: \_\_\_\_\_

Tribal Enrollment #: \_\_\_\_\_

Deceased's Last Address: \_\_\_\_\_

P.O. Box or Street Address

City

State

Zip

\*\*\*The deceased must have resided in the service area.\*\*\*

Name of Relative Applicant: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box or Street Address

City

State

Zip

Home Phone#: \_\_\_\_\_

Message Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

What are the plans you have arranged for the burial? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Mortuary: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will the casket be built?  Yes  No If yes, by whom? Please write information below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Material Cost: \$ \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Did the deceased have an Individual Indian Money (IIM) account?  \*Yes  No

\*If YES, please contact Gloria Gorman at the BIA (907) 271-4111 / gloriak.gorman@bia.gov

## RECORD OF INCOME AND RESOURCES

Did the DECEASED have income from any source?  Yes  No

If yes, please list source of income and amounts below.

**\*\*\*Applicant MUST provide proof of ALL income & resources\*\*\***

SOURCE OF INCOME	AMOUNT
Salary #1: Deceased's Income/Salary	\$
Salary #2: Surviving Spouse's Income/Salary	\$
Life Insurance	\$
*State of Alaska ATAP/Tribal TANF	\$
*Adult Public Assistance (APA)	\$
Social Security (SSA) or SS Retirement	\$
Supplemental Security Income (SSI)	\$
Disability Insurance	\$
Alaska Permanent Fund Dividend (PFD)	\$
Cashouts of Retirement or Pension Plans	\$
State Longevity	\$
Veteran's Benefit	\$
Unemployment Insurance Benefits (UIB)	\$
Worker's Compensation	\$
Medicare/Medicaid	\$
Native Corporation Dividends	\$
Native Corporation Dividends	\$
Checking Account	\$
Savings Account	\$
Donations – Community and/or Churches	\$
Donations	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

**READ BEFORE SIGNING**

**I apply for financial assistance for burial assistance services for the deceased who is in need. I, have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. Social Services is authorized to obtain information necessary to establish eligibility for assistance. I have read, or had explained to me, the provision of my protection under the Paperwork Reduction Act and the Privacy Act.**

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**Relative Applicant Signature**

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**Printed Name**

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**Date**