



**CENTRAL COUNCIL**  
*Tlingit & Haida Indian Tribes of Alaska*  
 Employment & Training Department • Andrew Hope Building  
 PO Box 25500 • Juneau, Alaska 99802

## APPLICATION FOR BURIAL ASSISTANCE

Name of Deceased	Date of Birth	Date of Death
Tribe Enrolled	Tribal Enrollment #	Village Corp.
Deceased Last Residence Address (last 6 months):		
Deceased Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

APPLICANT/RELATIVE INFORMATION		
Name of Applicant	Relationship to Deceased	
Mailing Address		
Home Phone	Message Phone	Work Phone

Name of Mortuary	Contact Person	Phone #	
Address	City	State	Zip Code
In order for Central Council Tlingit & Haida to determine eligibility Applicant must apply with the State of Alaska General Relief Assistance Cremation/Burial Assistance Program.			

BURIAL ASSISTANCE APPLICATION CHECKLIST
<input type="checkbox"/> Application Form (Must be submitted within 30-days following death)
<input type="checkbox"/> Death Certificate
<input type="checkbox"/> Proof of Tribal Citizenship for the Deceased
<input type="checkbox"/> Proof of Residence in the Service Area (Deceased must have lived in service area)
<input type="checkbox"/> Proof of Insufficient Resources
<input type="checkbox"/> Proof of Application with State of Alaska General Relief Assistance Burial Assistance Program
<input type="checkbox"/> Release of Information Signed by Relative Applicant

## DECEASED RECORD OF INCOME AND RESOURCES

Did the Deceased have income from any source?  Yes  No  
 If yes, please list sources of income and amounts below.

Source of Income	Amount
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity Bonus	\$
State Permanent Fund	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
Donation - Community	\$
Donation - Tribal Organization	\$
Donation - Native Corporation	\$
Other	\$
Other	\$
<b>Total Resource/Income</b>	\$

### READ BEFORE SIGNING

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both.

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation.

I understand the above and I agree to provide any documents necessary to prove eligibility for assistance.

I (We) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true.

\_\_\_\_\_  
 Relative Applicant - Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relative Applicant - Printed Name



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## AUTHORIZATION FOR RELEASE OF INFORMATION

I \_\_\_\_\_ authorize the release of information requested by Central Council Tlingit & Haida Indian Tribes of Alaska Employment & Training Office. This release will be in effect while I am an applicant or recipient of Employment & Training assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

### A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Other Household Member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date