



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*  
**Family Services Division | Burial Assistance**  
 P.O. Box 25500 • Juneau, Alaska 99802  
 Phone: 907.463.7332 • Email: [generalassistance@tlingitandhaida.gov](mailto:generalassistance@tlingitandhaida.gov)

## Burial Assistance Application

Note: In order for eligibility to be determined, applicant must apply with the State of Alaska General Relief Assistance Cremation/Burial Assistance program.

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

Applicant/Relative Information		
Name	Relationship to Deceased	
Mailing Address		
Cell/Home Phone	Message Phone	Work Phone

Mortuary Information		
Name of Mortuary	Contact Person	Phone Number
Mailing Address		

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

### 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 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>	<b>\$</b>



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## **Certification and Agreement**

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.

Provide Initials in Box

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.

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Relative Applicant Signature

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Date

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Relative Applicant Printed Name



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## Authorization for Release of Information

I \_\_\_\_\_ authorize the release of information requested by the Central Council of the Tlingit & Haida Indian Tribes of Alaska's General Assistance program. This release will be in effect while I am an applicant or recipient of General 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.

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date