



**PETERSBURG INDIAN ASSOCIATION**

**PO Box 1410**

**15 N. 12<sup>th</sup> Street**

**Petersburg, AK 99833**

**Phone: 907-772-3636**

**Fax: 907-772-3637**

**Application for Burial Assistance**

***Must apply for assistance through the State to qualify***

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\*\*\*\***

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

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

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

P.O. Box or Street Address

City

State

Zip

Home Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

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

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

City

State

Zip

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City

State

Zip

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

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

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

City

State

Zip

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

Did the deceased have an Individual Indian Money (IIM) account? ☐ Yes ☐ No/Don't Know

## RECORD OF INCOME AND RESOURCES

Did the DECEASED have income from any source? ☐ Yes ☐ No

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

Salary #1: Applicant's Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
General Relief	\$
Senior Benefits	\$
Alaska Temporary Assistance Program (ATAP) aka Temporary Assistance for Needy Families (TANF)	\$
Supplemental Security Income (SSI)	\$
Disability Insurance (SSDI)	\$
Retirement	\$
Veteran's Benefit	\$
Native Corporation Dividend	\$
	\$
Other Income	\$
	\$
	\$
	\$

### 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 me/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.

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

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

\_\_\_\_\_  
Date