



## Sitka Tribe of Alaska Funeral Benefit Assistance Application

This Sitka Tribe of Alaska Social Services Department will make a payment of up to **\$500** as a result of the death of a Sitka Tribal Citizen. The payment is subject to the following:

1. This form must be signed by the next of kin or the court appointed personal representative.
2. This form must be accompanied by a certified copy of the death certificate.
3. The claim for a funeral benefit must be made within 6 months after the death of a Tribal Citizen.
4. Payment will not be made to a beneficiary, family member or to the estate. It will be made only to pay bills incurred in connection with a Tribal Citizen's death to a vendor such as a funeral home.
5. Designate the vendor or organization you want to receive the check.

**Supplier Name:** \_\_\_\_\_

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

**Phone & Fax #'s:** \_\_\_\_\_

6. Attach a copy of the invoice you have received from the supplier named in part 5.
7. Sitka Tribe of Alaska reserves the right to question the reasonableness of any payment requested.

### CERTIFICATION

I \_\_\_\_\_ hereby apply for the funeral benefit offered by Sitka Tribe of Alaska on behalf of \_\_\_\_\_ (deceased Tribal Citizen) under the terms recited above. Deceased Tribal Citizens Social Security Number \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Printed Name of Personal Representative

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

Phone number: \_\_\_\_\_