## Wrangell Burial Assistance

PO Box 1523, Wrangell, Alaska 99929 509.398.3779 wrangellbac@gmail.com

Date:// Name of Applicant	e					
First Middle	Last	РО Вох	City/State/Zip	Contact #	Relation to the decease	
Name of Deceased						
irst Middle		Last		Date of Death		
Name of Funeral Home	Address of Fune	Address of Funeral Home		Funeral Home Phone #		
Is this a cremation Y / N	Place of Burial/(	Crematory	Date of Burial/Cremation			
Did you sign a contract with	the funeral home?	Y/N	Is there a memo	orial service?	Y/N	
Circle applicant annual hous (used for grant purposes)	ehold income range	e: Less than \$4	40,600 <i>or</i> \$40,60	00-\$64,960 <i>or</i>	· Over \$64,940	
Estimated cost of burial/cre	mation \$	<u> </u>				
Is there a contribution from	family/friends? Y /	'N If yes,	how much? \$			
Are there any death benefit	s that you have app	lied for or exp	ect to receive? Y	′/N		
If yes, check off and list type	of death benefit ar	nd amount exp	pected and/or rec	eived.		
Accident/Automobile Insu \$		d Funeral Agre		_	urity Death Benefits	
Veteran's Death Benefit \$	<del></del>	Jnion Benefits		Life Insu	rance	
Sealaska Death Benefit \$		nunity Assistar	•		afety Officer Benefits	
Tlingit & Haida Burial Assis	stance Other					

Assistance needed (i.e. funeral home, headstone, burial plot, etc.):					
Where would you like the funding assistance sent to?					
Disclaimer and Signature					
I certify that my answers are true and complete to the best of my knowl	edge.				
Signature of Applicant	Date				

## Disclaimer:

The Wrangell Burial Assistance Committee funds are distributed based on availability. Funding provided to an applicant is based on an individual case and criteria of need. Provided funding assistance will be distributed to an agency or organization, not to individuals.