



McGrath Native Village Council
P.O. Box 134
McGrath, Alaska 99627
(907) 524-3024 – Fax (907) 524-3899



APPLICATION FOR BURIAL ASSISTANCE

NAME OF DECEASED: _____

DECEASED'S DOB: _____ DATE OF DEATH: _____

DECEASED'S LAST ADDRESS: _____

THE DECEASED IS (check one box):

☐ AN ENROLLED TRIBAL MEMBER OF MCGRATH NATIVE VILLAGE

TRIBAL ENROLLMENT #: _____

☐ AN IMMEDIATE FAMILY MEMBER (SUCH AS A PARENT, CHILD, SIBLING,
SPOUSE/SIGNIFICANT OTHER, OR GRANDCHILD) OF AN ENROLLED TRIBAL MEMBER OF THE
MCGRATH NATIVE VILLAGE

NAME OF TRIBAL MEMBER: _____

TRIBAL ENROLLMENT #: _____

	Next-of- Kin Applicant	Designee (if another person is handling the finances)
Name		
Relationship to Deceased		
Mailing Address		
Home/Cell Phone		

☐ Mail the check to the next-of-kin applicant or designee at the address above.

☐ Hold check for pick up by the next-of-kin applicant or designee at the MNVC office.

SIGNATURE: _____ DATE: _____