P.O. Box 31, Chitina Alaska 99566 | Phone: 907.823.2215 | Fax: 907.823.2285
ta_assistant@tsedina.org

Burial Assistance Request

Purpose:

1. To provide financial and logistical support to Tribal Citizens during times of loss, ensuring dignified burial practices that honor cultural traditions and community values.

Eligibility:

1. Enrolled Tribal Citizen of the Native Village of Chitina.

Funding:

1. Maximum assistance: $1,000 per eligible burial.
2. Funds are disbursed directly to the designated family representative: _____
   Name

Applicant's Information:

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

Deceased Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Death: _____

Applicant's Relationship to Deceased: _____

Signature: _____ Date: _____