BURIAL ASSISTANCE

NAME OF DECEASED: _____ DATE: _____

IS DECEASED BOROUGH RESIDENT? Yes ☐ No ☐

APPLICANT NAME: _____

RELATIONSHIP TO DECEASED: _____

CHECK TO BE MADE OUT TO: _____

Contact Number: _____

ADDRESS: _____

SIGNATURE OF APPLICANT: _____

OFFICE USE: APPROVED ☐ DENIED ☐

Northwest Arctic Borough PO Box 1110 Kotzebue, AK 99752
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