



# Northwest Arctic Borough

163 Lagoon Street  
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Email: frontdesk@nwabor.org

## BURIAL ASSISTANCE

**A W-9 must be submitted with completed form**

**\*\*CHECK RUN TUESDAYS & THURSDAYS ONLY\*\***

NAME OF DECEASED: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICAL ADDRESS OF DECEASED: \_\_\_\_\_

IS DECEASED BOROUGH RESIDENT?    Yes         No

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ PLACE DECEASED: \_\_\_\_\_

WAS DECEASED MEDIVAC?        Yes         No

APPLICANT NAME: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

pick up check

mail check

**\*\*IF ONE IS NOT CHOSEN, CHECK WILL BE MAILED\*\***