



## The Aleut Foundation

703 W. Tudor Rd Ste. 102  
Anchorage, Alaska 99503  
Phone 907.646.1929  
Fax 907.646-1949  
Email taf@thealeutfoundation.org

### **Burial Assistance Policy**

- Purpose:** In order to promote the welfare of an original enrollee of **The Aleut Corporation**, burial assistance will be provided to the families of deceased original enrollees or deceased descendants of original enrollees of The Aleut Corporation
- Policy:** The Aleut Foundation will provide an amount of \$2000.00 towards final expenses of deceased original enrollees or deceased descendants of original enrollees.
- Procedures:**
- \* Application for burial assistance must be applied for within 6 months of original enrollees or descendent of an original enrollees death. Application shall be on the form provided by The Aleut Foundation.
  - \* Certified death certificate shall accompany application or assistance.
  - \* Upon approval of application, The Aleut Foundation will forward funds to the Funeral Home listed on application.
  - \* In the event a funeral home is not listed, The Aleut Foundation will reimburse the Family for final expenses of deceased original enrollee or final expenses of descendent of original enrollee.
  - \* Applicant will need to submit a billing statement before a check request can be completed.



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## Burial Assistance Application

### Deceased

Name				
	<i>Last</i>	<i>First</i>	<i>Middle Int.</i>	<i>Pre</i>
Address				
	<i>Street Address/P.O. Box/Apartment #</i>			
	<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>SS Number</i>	<i>Date of Birth</i>	<i>Date of Death</i>	<i>Age of Death</i>	

### Funeral Home

Name			
Address			
	<i>Street Address/P.O. Box/</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone #</i>
<i>Fax #</i>	<i>Email</i>		

### Applicant

Name				
	<i>Last</i>	<i>First</i>	<i>Middle Int.</i>	<i>Pre</i>
Address				
	<i>Street Address/P.O. Box/Apartment #</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>	
<i>Fax</i>	<i>Email</i>			

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reimbursement made payable to: (circle one) Funeral Home Applicant

Proof the deceased was an original enrollee or a descendent of an original enrollee of The Aleut Corporation and a death certificate must be received before this application can be processed. If payment is not made directly to a funeral home, applicant can be reimbursed up to \$2000.00 for funeral expenses upon receipt or invoice of funeral expenses.

**For Office use Only:**

Deceased is (circle one) Original Enrollee Descendent

Date Application was received: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

enhancing the life and culture of the Aleut people  
**The Aleut Foundation**



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## CERTIFICATION OF NEED

### BURIAL ASSISTANCE PROGRAM

State of Alaska )  
 )ss.  
THIRD JUDICIAL DISTRICT )

\_\_\_\_\_, being first duly sworn  
according to law deposed and says as follows:

1. I am the \_\_\_\_\_ of \_\_\_\_\_,  
deceased, and I make this affidavit in  
support of the application for burial  
assistance for the funeral of  
\_\_\_\_\_, deceased.
2. I am familiar with the assets of the estate  
of \_\_\_\_\_, deceased.
3. The cash assets of the estate are limited,  
And will not make it possible for the estate  
To pay for the burial expenses in their  
Entirety with out causing hardship on the  
Heirs of \_\_\_\_\_, deceased.

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Alaska  
My Commission Expires: