DGG Funeral Assistance Funding Application Form

Délı̨nę Got'ı̨nę Government
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Applicant Information		
Name of Applicant:	Relationship to the Deceased:	
Mailing Address:		
Town/City:	Territory/Province:	Postal Code:
Phone:	Email Address:	

Deceased Information	
Name of Deceased:	Alternate Names (maiden, nicknames):
Date of Birth (YYYY/MM/DD):	Date of Death (YYYY/MM/DD):

Please include proof of death with this application (check all that apply):

☐ Letter from funeral home ☐ Police report ☐ Coroner's report ☐ Obituary ☐ Statement of death

☐ Medical certificate of death ☐ Death certificate ☐ Other (please specify): _____

Was the Deceased a Délı̨nę Beneficiary:

☐ Yes (Enrolment Registry #_____) ☐ No

☐ Not enrolled, but eligible to be enrolled (attach evidence of eligibility for enrolment)

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Family Members Agreement - This Application Form must be signed by two immediate family members of the deceased.
For reference: "Immediate Family Member" means the close relatives by birth, adoption or marriage, including parents, parents-in-law, stepparents, grandparents, spouses, siblings, siblings-in-law, children, children-in-law, step-children, adopted children, grandchildren, and adopted grandchildren

Immediate Family Member #1	
Verification Statement	I verify that _____ has been identified by the Immediate Family Members to submit this Funeral Assistance Funding Application Form on behalf of our family, serve as the point of contact for all communications between the family and the DGG, and receive approved Funeral Assistance Funding.
Name:	Relation to deceased:
Home Address:	
Phone:	Email Address:
Signature:	**Date (YYYY/MM/DD):**

Immediate Family Member #2	
Verification Statement	I verify that _____ has been identified by the Immediate Family Members to submit this Funeral Assistance Funding Application Form on behalf of our family, serve as the point of contact for all communications between the family and the DGG, and receive approved Funeral Assistance Funding.
Name:	Relation to deceased:
Home Address	
Phone:	Email Address:
Signature:	**Date (YYYY/MM/DD):**

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Funeral Related Expenses Budget	
Please include a budget for all funeral related expenses you would like covered by the DGG Funeral Assistance Funding, up to $10,000 (e.g. venue rental, transportation of the body, flowers, food, new clothing for the body, funeral home expenses):	
Expenses *(Please attach receipts or quotes for these expenses.)*	**Estimated Cost**
Total	

Payment Preferences

☐ Please mail cheque to: _____ [address]

☐ Please have cheque available for pick up from DGG Main Office (John Tetso Building)

☐ Please contact me to arrange for direct deposit

Family Coordinator Signature:	**Date (YYYY/MM/DD):**

(do not fill) OFFICE USE ONLY

☐ Reviewed by CEO or Delegate: _____ [Name and Initial]

☐ Proof of death attached ☐ Verification of enrolment or eligibility status with Citizenship Registrar

☐ Inclusion of budget and supporting receipts or quotes ☐ Approved by CEO ☐ Submitted to CFO for payment

CEO Signature:	**Date (YYYY/MM/DD):**