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### Condolence Program Application

Nome Eskimo Community provides *Financial Aid* to the immediate family for funeral costs they may incur.  
 Payment is limited to \$150.

Name of deceased		Applicant name (must be next of kin or executor)	
Date of birth	Date of death	Relationship to deceased	
Social Security #		Home phone #	Cell phone #
Applicant is: <input type="checkbox"/> Legal spouse or Child of deceased <input type="checkbox"/> Executor of Estate <input type="checkbox"/> Next of Kin Proof of eligibility (e.g. birth certificate(s), marriage certificate, etc.) is required			
Applicant must include one of the following which includes name and date of death: <input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary (not a program used at service) <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital			
<div style="text-align: center;">           Make check payable to: _____             Mailing address: _____             Telephone #: _____             Payment will be made directly to the Applicant after tribal enrollment of the deceased is verified.         </div>			
I, the applicant, certify that I am the next of kin or executor and I understand that the NEC's Condolence Program is provided to aid with funeral costs for formally enrolled tribal members.			
_____ Applicant's Signature		_____ Date	

**Please submit completed application to Nome Eskimo Community Tribal Services Program for processing.**

Authorizing Official Approval \_\_\_\_\_ Accounting Approval \_\_\_\_\_

Funding Source Code: NSHC Wellness Fund 55.20.00.6040

For office use only:

Denied \_\_\_\_\_     Approved \_\_\_\_\_     Check Requested \_\_\_\_\_  
Date                          Date                          Date