



BEREAVEMENT TRAVEL PROGRAM APPLICATION

Letter from Authority FORM 2

To:
Kivalliq Inuit Association
Bereavement/Compassionate Travel Coordinator
32-4 Sivulliq Avenue, Rankin Inlet, NU. X0C-0G0
Phone: 867-645-5725
Toll Free: 1-800-220-6581
Email: cpilakapsi@kivalliqinuit.ca
Website: www.kivalliqinuit.ca

From:

P.O. Box _____, _____ NU, _____
Phone: _____
Cellphone: _____
Email: _____

Letter from Applicant

We, the immediate family member of the late _____
(Name of deceased)

Of _____ are requesting that the Kivalliq Inuit Association (KIA)
(Community)

Provide assistance to the following three (3) Nunavut Agreement Beneficiaries:

(Name) (Community)

(Name) (Community)

(Name) (Community)

Print Name

Authorized Family Member Signature

Date

KIA's Bereavement Travel Program provides financial assistance for air travel for a maximum of three family members who wish to attend the funeral of a family member and to help pay for the shipment of the remains of the deceased family member.

Who is considered to be a family member?

Grandmother, grandfather, mother, father, daughter, son, aunt, uncle, sister, brother, and grandchildren.



**PROOF OF DEATH
FORM 3**

To be filled out by Health Care Official (Nurse or Doctor)

From: _____

Address: _____

Phone #: _____

Email: _____

Date: _____

To:
Kivalliq Inuit Association
Bereavement/Compassionate Travel Coordinator
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Dear Kivalliq Inuit Association;

This letter is to inform you that _____ has passed away.

He/She is a resident of _____.

He/She died on _____.

His/Her NTI Enrolment Number was _____.

We, the family of the late _____ is/are requesting for support through the KIA bereavement assistance program.

Thank you for your assistance.

Please contact me at _____ or I can be contact by email

At _____ if you require any other information or have any questions.

Sincerely,

Print Name

Signature



I _____ acknowledge that I have read and understand the guidelines.

Signed this day of _____, 20_____.

Signature

AGREEMENT

- a) Chosen family member(s) must travel before the funeral date for up to a maximum of 30 days.
- b) It is the responsibility of the travelers to make any flight changes and the traveler can call the airline directly.
- c) Other Regional Inuit Association applications are not accepted for the Bereavement/Compassionate Travel Assistant Program.

FOR OFFICE USE ONLY

Application Accepted: YES/NO _____

Travel Warrant #: _____

Reviewed & Approved by: _____

Processed by: _____