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Kivalliq Inuit Association

Shipment of Remains Form

Kivalliq Inuit Association (KIA) Bereavement Travel Assistance Program provides assistance to cover the costs of transporting the remains of a deceased Inuk from the location where they passed away to their associated or home community.

DECEASED INFORMATION:

Last Name of the Deceased:	
First Name:	
Date of Birth:	
Gender:	
NTI Enrolment Number:	
Confirmed Letter of Proof of Death:	
Copy of Proof of Death:	
Name of Funeral Home:	
Name of Funeral Home Director/Manager:	
Contact Number:	
Mailing Address:	
Location of Funeral (Community):	
Date of Funeral:	
Airline:	
Airwaybill Number:	

FOR OFFICE USE ONLY

Application Accepted: YES/NO _____

Travel Warrant #: _____

Reviewed & Approved by: _____

Date: _____

Processed by: _____

Date: _____



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Kivalliq Inuit Association

TO:

Bereavement/Compassionate
Travel Coordinator
Kivalliq Inuit Association
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:

Name: _____
P.O. Box: _____
Telephone: _____
Cell Phone: _____
Email: _____

Letter from Applicant:

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

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

To provide assistance for the aforementioned deceased individual to be shipped to the respective
Community for burial.

Authorized Family Member Signature

Print Name

Date