

## Funeral Policy Application

Name of Applicant, Estate Trustee, Next of Kin:

---

Address:

---

---

---

Name of Deceased:

---

- 1) Where reimbursement is to be made to the applicant family member or Executor, please provide copies of eligible receipts.
- 2) Where direct payment is to be made to the Funeral Home/Services, please provide name, address and phone number of Funeral Director:

---

---

---

---

Signature of Applicant:

---

Approved by:

---

White River First Nation Executive Director

cc: White River First Nation Department