



ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
SOCIAL SERVICES DEPARTMENT
POUCH 219 • BETHEL, ALASKA 99559
Toll Free: (800) 478-3521 ext. 7474 • Direct (907) 543-7474
Fax (907) 543-7479

APPLICATION FOR BURIAL DONATION

Name of Deceased: _____

Deceased's Date of Birth: / /

Date of Death: / /

Tribally Enrolled With: _____

Tribal Enrollment #: _____

Deceased's Last Address: _____

P.O. Box or Street Address

City

State

Zip

*****The deceased must have resided in the AVCP Region*****

	Next-of-Kin Applicant *MANDATORY	Designee (If another person is handling the finances)
Name		
Relationship to Deceased		
Mailing Address		
Home/Cell Phone		
Message Phone		
Work Phone		

AVCP Burial Donation money is **UNRESTRICTED** funds, meaning it can be used however the family decides. Most use for funeral feast items, funeral home costs, transportation cost for the body, airfare for family members, etc. How do you or your family plan to spend the donation? _____

PAYMENT OPTION **Select Only One**

- ☐ Option 1: Mail the check to me at the address above.
- ☐ Option 2: ☐ I ☐ Designee, will pick up the check from the Tugkar Building located at 570 3rd Ave.
- ☐ Option 3: Send the check to me through _____ Airlines Freight.
- ☐ Option 4: Deposit the check into, ☐ my ☐ designee's, bank/credit union account:

Financial Institute Name: _____

Account Type: _____ Account Number: _____

Name on Account (**Must match name on check**): _____

- ☐ Option 5: Make payment to mortuary to help pay the cost of Funeral Home Services:

Name of Mortuary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

For Office Use Only:

Decision: _____

Process Date: _____

Processed By: _____