



## 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 &amp; 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](mailto:cpilakapsi@kivalliqinuit.ca)  
Website: [www.kivalliqinuit.ca](http://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