

# KHC Burial Assistance Form



Name of Deceased Shareholder: \_\_\_\_\_

Last Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death \_\_\_\_\_

Name and Address of Funeral Home: \_\_\_\_\_

The check will be made payable to the funeral home

Name and Address of Person Submitting Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Deceased Shareholder: \_\_\_\_\_

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Signature of Person Applying

Date

Proof of deceased shareholder enrollment and a death certificate must be sent with the application. Forms can be mailed or faxed to KHC.

Concerns or questions can be addressed to:

Klawock Heenya Corporation  
PO Box 129  
Klawock, AK 99925  
Phone: 907-755-2270  
Fax: 907-755-2966