

Senior Citizen / Elder Burial Benefit Application

Date:	
ABOUT YOU (THE APPLICANT)	
Last Name	
First Name	
Middle Name	
Date of Birth	
Place of residence (Community)	
Phone Number	
Email Address	
Other/Alternative Contacts	
ABOUT YOUR DECEASED FAMIL	LY MEMBER
Full Name	
Date of Birth	
Date of Death	
Place of Burial (Community)	
Proof of Nunavut residency	
REQUIRED SUPPORTING DOCUMENTATION	
□ Death Certificate for deceased family member □ Burial invoice/receipt	
I confirm that this information is accu	rate and true to the best of my knowledge.
Applicant Signature:	
Family Services Review:	
Check the box if the answer is "yes" to the below questions:	
☐ Is eligibility criteria met? (Families of residents of Nunavut, being buried in Nunavut, who are	
60 years of age or older.)	
☐ Were copies of the supporting do	cumentation received or made?
Check the appropriate box:	
☐ Amount to be reimbursed to the recipient (receipt/proof of payment required): \$	
☐ Amount to be paid directly to Burial Service Provider: \$	
Reviewed by:	Approved by:

Application and supporting documents to be emailed to FS.Seniors@gov.nu.ca