



## Compassionate and Bereavement Travel Program Transportation of Remains Form

The Compassionate and Bereavement Travel Program provides financial 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.

Transportation costs for human remains are typically covered on a reimbursement basis, which means that the costs are paid up front by the applicant, and then repaid by the Qikiqtani Inuit Association once supporting documents have been provided.

If the family is unable to afford to pay the transportation costs up front, Qikiqtani Inuit Association may provide payment directly to the funeral home or shipping agent on the family's behalf

<b>Deceased Information</b>	
Last Name of the Deceased:	
First Name:	
Date of Birth:	
Gender:	
NTI Enrolment number:	
Confirmation 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:	



**TO:**

Grief and Bereavement  
 c/o Community Liaison Officer  
 Qikiqtani Inuit Association  
 200-922 SIVUMUGIAQ ST  
 IQALUIT, NU X0A 3H0  
 Phone: (867) 975-8400 Toll free: 1-800-667-2742  
 Email: [griefandbereavement@qia.ca](mailto:griefandbereavement@qia.ca)  
 Website: [www.qia.ca](http://www.qia.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 Qikiqtani Inuit Association (QIA)  
 provide assistance to the aforementioned individual to be shipped to the respective  
 community for the burial.

\_\_\_\_\_  
 Authorized Family Member Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY	
Application accepted	YES <input type="checkbox"/> NO <input type="checkbox"/>
TEC Number	
CLO Signature	Date:
Director's Signature	Date: