



BEREAVEMENT TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

TO:
Qikiqtani Inuit Association
Community Liaison Officer
200-922 Sivumugiaq St,
Iqaluit, NU X0A 3H0
Phone: (867) 975-8400
Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

From: _____
P.O. Box _____, _____ NU, _____
Tel: _____
Cellphone: _____
Email: _____

Letter from Applicant

We, the immediate family member of the late _____
(Name of deceased)

Of _____ are requesting that Qikiqtani Inuit Association (QIA)
(community)

provide assistance to the following three (3) Nunavut Land Claim Beneficiaries:

_____	_____
(Name)	(Community)
_____	_____
(Name)	(Community)
_____	_____
(Name)	(Community)

_____	_____
Print Name	Date

Who is considered to be a family member?
Eligible “family members” include grandmother, grandfather, mother, father, spouse, daughter, son, sister, brother, grandchildren, aunt, uncle, niece, and nephew. Flexibility in family relations may be exercised by a RIA in order to respectfully honor the wishes and choices of next of kin or the immediate family members.