

## PROOF OF DEATH FORM 3

From:		To be filled out by a Health Care Official (Doctor or Nurse)
Address:		
Phone #:		
Email:		
Date:		
TO:		
Qikiqtani Inuit Association		
Community Liaison Officer		
200-922 Sivumugiaq St, NU, X0A 3H	0	
Phone: (867) 975-8400 Toll Free: 1-8	800-667-2742	
$Email: \underline{Grief and bereavement@qia.c}$	<u>a</u>	
Website: www.qia.ca		
Dear Qikiqtani Inuit Association,		
This Letter is to inform you that		has passed away. He
/ She was resident of		
He / She died on		
His / Her NTI Enrolment Number wa	as	<u>.</u>
We, the family of the late	is / are re	questing for support
through the QIA bereavement assis	tance program.	
Thank-you for your assistance.		
Please contact me at	or I can be conta	cted by email
at	_if you require any other information or have any	
questions.		
Sincerely,		