

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: _____

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