NATIVE VILLAGE OF Port Lions
Traditional Tribal Council
P.O. Box 69, Port Lions, Alaska 99550
PORTLIONSTRIBE.NET

MEMBERSHIP DEATH BENEFIT REQUEST FORM

Name of Person requesting Benefit	
Street #, or P.O. Box #	
City, State, Zip	
Phone Number	

DECEASED MEMBER INFORMATION

Full Legal Name of Deceased	
Enrollment Number	
Date of Birth	
Date of Death	
City/State of Resting Place	

PAYEE INFORMATION

Name of Mortuary	
Street #, or P.O. Box #	
City, State, Zip	
Phone Number	

OR

Executor/Executrix Name	
Street #, or P.O. Box #	
City, State, Zip	
Phone Number	

I certify that the information I have provided is true and accurate to the best of my knowledge and, if I have intentionally falsified any information, any benefits may be rescinded.

_____ _____

Signature of Person requesting Benefit **Date**