We Wai Kai First Nation

Funeral Support Program

Funeral Support Program for We Wai Kai Nation Registered Members

Purpose:

This program is designed to provide financial support to families during their most vulnerable time — the loss of a loved one. A one-time monetary donation of $2,500.00 will be provided by the Band to the executor, administrator of the estate or direct deposit to the funeral home of a deceased We Wai Kai Nation Registered Member to assist with funeral-related expenses.

Eligibility:

- The deceased must be a We Wai Kai Nation Registered Member.

Required Documentation

A. Information about the Deceased:

- ☐ Full registered name
- ☐ Date of birth
- ☐ Date of death
- ☐ Last known address
- ☐ Registered Band Member Number
- ☐ Copy of Death Certificate
- ☐ Copy of Will or proof of an appointed representative (Executor or Administrator)

B. Information about the Applicant:

- ☐ Completed Application Form (see below)
- ☐ Full legal name
- ☐ Mailing address
- ☐ Phone number
- ☐ Relationship to the deceased (Executor, Administrator, or Funeral Home)
- ☐ Registered Band Member Number (if applicable)
- ☐ Copy of void cheque (for direct deposit)

C. If the Deceased is a Minor:

- ☐ Proof that the applicant is the guardian who had care and control at the time of death

Funeral Support Application Checklist

Use this checklist to ensure your application is complete before submission:

☐ Deceased’s full registered name
☐ Deceased’s birth date & date of death
☐ Deceased’s last known address
☐ Deceased’s Band Member Number
☐ Copy of Death Certificate
☐ Copy of Will or Representative/Kin Proof
☐ Completed Application Form
☐ Applicant's full legal name
☐ Applicant’s address & phone number
☐ Applicant’s Band Number (if applicable)
☐ Copy of void cheque
☐ Proof of guardianship (if deceased was a minor)

Funeral Support Application Form

Please complete this form in full and attach all required documents.

Section A – Deceased Information

Full Registered Name: _____
Date of Birth: _____
Date of Death: _____
Last Known Address: _____
Band Member Number: _____

Section B – Applicant Information

Full Legal Name: _____
Mailing Address: _____
Phone Number: _____
Relationship to the Deceased: ☐ Executor ☐ Administrator ☐ Funeral Home
Band Member Number (if applicable): _____
Email Address (optional): _____

Section C – Information for Rep/Next of Kin

Full Legal Name: _____
Mailing Address: _____
Phone Number: _____
Relationship to the Deceased: ☐ Executor ☐ Administrator ☐ Funeral Home
Band Member Number (if applicable): _____
Email Address (optional): _____

Section D – Banking Information

Account Holder Name: _____
☐ Executor ☐ Administrator ☐ Funeral Home
Attach Void Cheque: ☐ Attached

Section D – Declaration

I hereby declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may result in disqualification from receiving funeral support.

Applicant Signature: _____
Date: _____

Submission Instructions:
Please submit your completed application and all supporting documents to:
CommunityWellness@WeWaiKai.com or bring completed packages to Quinsam band office.
*Please note once application is processed payments can take up to 10 business days for processing.