



 **LOWER NICOLA**
 **INDIAN BAND**

Contact Name: _____

Contact Number: _____

Name of Deceased: _____

Date of Death: _____

Name of Funeral Home: _____

Location of Funeral Home: _____

Family requesting LNIB assistance with : (please check all that apply)

- Food costs
- Wood for fire
- Port-a-potties
- Tent/shelter
- Chairs
- Clothing for immediate family and loved one
- Printing of service programme
- Notice posted on LNIB website and Facebook

Location of wake: _____

Dates of wake: _____