

CARCROSS/TAGISH FIRST NATION



Citizenship Office

Box 130 Carcross, Yukon, Y0B1B0

Phone: (867) 821-4251 ext. 8206

Fax: (867) 821-4802



Deceased Form

Deceased Name: _____
(Last) (First) (Middle)

Maiden Name _____

Birthdate: _____ **Birth Place:** _____
(Day/Month/Year) (City and Territory/Prov.)

**Indian Status # or
Beneficiary #:** _____
(Please provide the number)

Date of Death: _____
(Day/Month/Year)

Place of Death: _____
(City and Territory/Prov.)

Mother's Name: _____
(Last) (First) (Middle)

Father's Name: _____
(Last) (First) (Middle)

(Signature of person verifying info.) (Phone Number) (Date)