



Funeral Grant Claim Form

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ABN: 82 726 507 500
33 ARGYLE STREET, PARRAMATTA NSW 2150
PO BOX 1125 PARRAMATTA 2124

Full name of Claimant:

Relationship to deceased: (eg: Next of Kin/Son/Daughter/Friend)

Home Phone Number: Mobile:

Details of Deceased:

Name of Deceased:

Date of Birth:

Addresses:

Postcode:

Name of Local Aboriginal Land Council:

Funeral Fund Membership Number:

Details of Funeral Director:

Name:

Address:

Postcode:

Phone Number: Fax:

Signature of claimant: Date:

For prompt payment please provide the following documents with your claim form:

1. **Original invoice** from Funeral Director
2. **One** of the following:
 - a. Disposal of Body Form
 - b. Copy of Death Certificate
 - c. Medical Cause of Death Form
 - d. Coroner's Report
3. If Deceased is a member; please ensure Funeral Fund membership number is provided on this form. If Deceased is not a member, **Confirmation of Aboriginality** must be attached.

OFFICE USE ONLY

Member No:	Invoice (1):	Death Certificate (2):	Confirmation (3):	Checked:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>