

Funeral Fund Claim Form

33 ARGYLE STREET, PARRAMATTA NSW 2150
PO BOX 1125 PARRAMATTA 2124
TEL: 02 9689 4470
TOLL FREE: 1800 647 487
FAX: 02 9687 1238
ABN: 82 726 507 500



Full name of Claimant:

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

Home Phone Number:

Mobile:

Details of Deceased:

Name of Deceased:

Date of Birth:

Addresses:

Postcode:

Funeral Fund Membership Number:

Name of Local Aboriginal Land Council:

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 Aboriginal** must be attached.

OFFICE USE ONLY

Member No:	Invoice	Death Certificate	Confirmation	Checked