

# 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 9689 4453  
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:

Address:

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