

## **DISCRETIONARY GRANT APPLICATION FORM**

### **FUNERALS**

#### **PERSONAL CONTACT DETAILS**

**A FAMILY MEMBER (CLOSE OR EXTENDED) MUST APPLY.**

Name:	
Address:	
	Postcode:
Contact Phone Number:	Fax:
Relationship to Deceased:	

**Funds are paid directly to the Funeral Director.**

**Please attach copy of quote from Funeral Director or provide the following information.**

Date of Funeral:
Family Name of Deceased:
Name of Funeral Directors:
Telephone of Funeral Directors:

The Department of Aboriginal Affairs has a **limited** fund that can provide small grants to assist Aboriginal people when no other source of funding is available. Proof of financial hardship may be requested from the Department.

#### **DECLARATION**

I, .....certify that the family is of Aboriginal descent and requesting assistance due to financial hardship. The information given in this application is true and correct in every detail.

Signature: ..... Date:.....