



ABN: 82 726 507 500

New South Wales Aboriginal Land Council

Level 4, 33 Argyle Street, Parramatta NSW 2150

PO Box 1125, Parramatta NSW 2124

Tel: 02 9689 4444 Fax: 02 9687 1238

Funeral Fund Claim Form

Full name of claimant: _____

Relationship to deceased: _____
(e.g Next of Kin/Son/Daughter/Friend etc)

Home Phone Number: _____ Mobile: _____

Details of Deceased

Name of Deceased: _____

Date of Birth: _____

Address: _____
_____ Post Code: _____

Funeral Fund Membership Number: _____

Name of Local Aboriginal Land Council: _____

Details of Funeral Director

Name: _____

Address: _____
_____ Post Code: _____

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 #	Invoice	Death Certificate	Confirmation	Checked