



NEW SOUTH WALES
ABORIGINAL LAND COUNCIL

www.alc.org.au

Funeral Grant Claim Form

EMAIL: funeralgrants@alc.org.au

TEL: 02 9689 4444

TOLL FREE: 1800 647 487

ABN: 82 726 507 500

33 ARGYLE STREET, PARRAMATTA NSW 2150

PO BOX 1125 PARRAMATTA 2124

DETAILS OF DECEASED:

Name of Deceased:

Date of Birth: Date of Death:

Was a member of which Local Aboriginal Land Council:

Was a member of the Former Funeral Fund: Membership Number:

If transferring membership, please provide claimants membership number:

Location of Cemetary/interment:

CLAIMANT DETAILS:

Full name of Claimant:

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

Address:

Postcode: Email:

Home Phone Number: Mobile:

Signature of claimant: Date:

DETAILS OF FUNERAL DIRECTOR:

Name:

Address:

Postcode:

Phone Number: Fax:

For claim to be assessed please provide the following:

1. Completed Claim Form.

2. Supporting Document*
Checklist

i. Invoice from Funeral Director

ii. Evidence of death

iii. Confirmation of Aboriginality**

iiiii. Letter from claimant requesting transfer of Funeral Fund membership (if applicable)

*Please see Terms & Conditions for further information on Acceptable Supporting Documents

**Members of the former Funeral Fund are exempt from this requirement (except when transferring membership)

PLEASE NOTE: Incomplete claim forms and/or claims without all supporting documents will NOT be processed

OFFICE USE ONLY

Claim Assessment form (1):	Invoice (2):	Evidence of Death (3):	Confirmation (4):	Checked:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>