

NSWALC FUNERAL GRANT CLAIM FORM

DETAILS OF DECEASED

Full Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Was a member of _____ Local Aboriginal Land Council.

Was the deceased a former member of NSWALC's Funeral Fund? ☐ Yes ☐ No

If yes, please provide the NSWALC Funeral Fund Membership Number: _____

If transferring membership, please provide Transferee Membership Number: _____

Cemetery/Interment Location: _____

CLAIMANT DETAILS

Full Name of Claimant: _____ Relationship to the deceased: _____

Address: _____

Postcode: _____ Email: _____ Home Phone Number: _____

Mobile: _____ Signature of claimant: _____ Date: _____

DETAILS OF FUNERAL DIRECTOR

Full Name: _____ Address: _____

Postcode: _____ Phone Number: _____ Fax: _____

FOR CLAIM TO BE ASSESSED PLEASE PROVIDE THE FOLLOWING

1. Completed Claim Form. 2. Supporting document/s*:

☐ Invoice from Funeral Director

☐ Confirmation of Aboriginality**

☐ Evidence of death

☐ Transfer of NSWALC former funeral fund membership

*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

Annex 1



New South Wales
Aboriginal Land Council

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