**Homicide Funeral Fund Application Form**

**Funeral Director - Applicant**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **ABN:** |  |
| **Contact Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone:** |  |

**Deceased person**

|  |  |
| --- | --- |
| **Name of the Deceased:** |  |
| **Date of Death:** |  |
| **Date of Birth:** |  |
| **Death Certificate Number:** |  |
| **Invoice Number:** |  |
| **Police Reference Number:**  (if known) |  |
| **Cause of death:** |  |

* **Was this death caused by a motor vehicle accident?  No  Yes**
* **Was this death employment related?  No  Yes**
* **Does the deceased have funeral insurance?  No  Yes**
  + **If yes, please provide the following details.**
  + **Name of Insurance Provider:**
  + **Amount of insurance:**
  + **Has the insurance claim been finalised?  No  Yes**
* **Has the family of the deceased participated in any fundraising mechanisms to pay for the cost of the funeral, such as (but not limited to) social media, GoFundMe page etc.?  No  Yes**

**DECLARATION by the applicant**

I ………………………………………………………….…declare that to the best of my knowledge the information given in this form is true, complete and accurate.

|  |  |  |
| --- | --- | --- |
|  |  | dd / mmmm / yyyy |
| Signature |  | Date |