

# FUNERAL FUND APPLICATION FORM



TOTAL AMOUNT YOU CAN APPLY FOR IS \$1100.00

NAME OF DECEASED: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

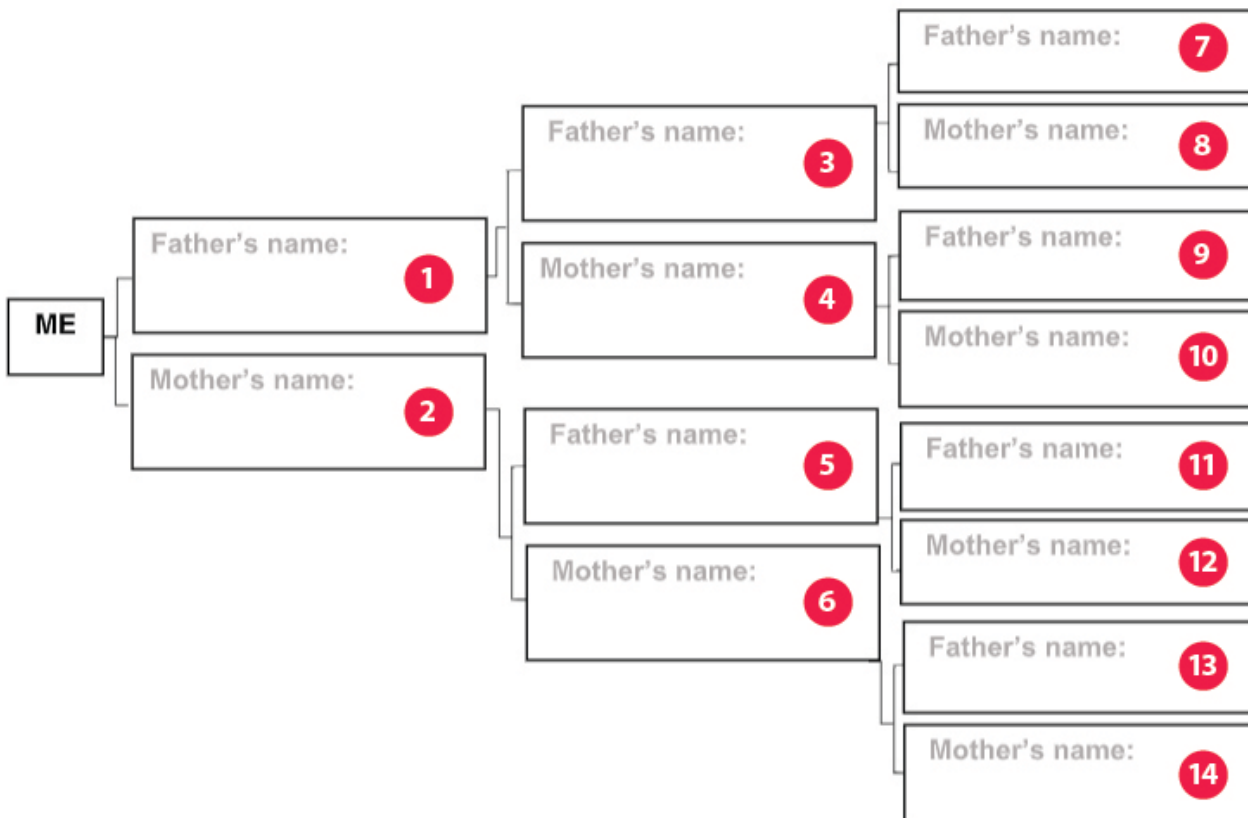
DATE OF BIRTH: \_\_\_\_\_

STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_



Application Declaration –

I have read and understand the Policy and I declare all information supplied to be true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For any application enquiries please contact the office on 08 9997 3444 or email [members@wajarri.com.au](mailto:members@wajarri.com.au)