

# FUNERAL FUND APPLICATION FORM



TOTAL AMOUNT OF FUNDING IS \$1100

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

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

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

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

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

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

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

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

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

ME	Father's name: 1	Father's name: 3	Father's name: 7
	Mother's name: 2	Mother's name: 4	Mother's name: 8
		Father's name: 5	Father's name: 9
		Mother's name: 6	Mother's name: 10
			Father's name: 11
			Mother's name: 12
			Father's name: 13
			Mother's name: 14

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)

**Wajarri Yamaji Aboriginal Corporation (ICN 7878)**

*Engaging, empowering and investing in Wajarri Yamaji People's future*