**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 |