



APPLICATION FORM

Our Land, Our Sea, Our Life

FUNERAL ASSISTANCE

See Funeral Assistance Eligibility Criteria: www.nlc.org.au

Applicant Details

Name of Applicant	
Address	
Phone No.	
Email Address	

Is the deceased recognised as an Aboriginal person: Yes No **Note:** No means not eligible

Details for the Deceased

Name of Deceased		
Date of Death/...../.....	
Clan group of deceased person (compulsory)		
Applicant's relationship to deceased person		
Location of the funeral / burial		
Planned date of funeral / burial/...../.....	
Total funds requested (Maximum \$2,000)	\$	

Details of Costs - Quotes have been attached: Yes No **Note:** If No quote NLC cannot process

For auditing/verification purposes – Permission is granted to request Medical Certificate Cause of Death/Coroner Letter from the Funeral Services conducting the funeral/burial: Yes No

Applicant's Signature: Date: //.....

Email the completed form and attachments to: funeral@nlc.org.au or drop the application into an NLC Office.

Office use only

Funds Available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Project code:	Amount approved:
_____	Regional Manager / Coordinator	Approved / Not Approved	Date: / /.....	
_____	Regional Executive Member	Approved / Not Approved	Date: / /.....	
_____	Chairperson (if required)	Approved / Not Approved	Date: //.....	
_____	Branch Manager / Chief Executive Officer	Approved / Not Approved	Date: //.....	