



NORTHERN
LAND COUNCIL

APPLICATION FORM

Our Land, Our Sea, Our Life

FUNERAL BURIAL ASSISTANCE

Name of applicant:

Address:

Phone:

Name of deceased person:

Clan group of deceased person (**Compulsory**):

Applicant's relationship to deceased person:

Location of funeral / burial:

Planned date of funeral / burial:/...../.....

Total funds requested (Maximum \$2,000):

Details of costs (please attached all quotes):

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

Phone: 1800 645 299 (Freecall) to speak to an NLC officer.

Office use only

Are adequate funds available? Yes No

Project code: Amount approved: \$.....

Regional Co-ordinator / Senior Project officer 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: //...../