



# APPLICATION FORM

*Our Land, Our Sea, Our Life*

## FINANCIAL ASSISTANCE - FUNERALS

See Eligibility Criteria: [www.nlc.org.au](http://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	
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 \$3,000)	\$

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](mailto: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 Executive Member	Approved / Not Approved	Date: .... / .... / .....
_____	Chairperson	Approved / Not Approved	Date: .... / .... / .....
_____	Regional Manager / Coordinator	Approved / Not Approved	Date: .... / .... / .....
_____	General Manager / Chief Executive	Approved / Not Approved	Date: .... / .... / .....