



DEPARTMENT OF ABORIGINAL AFFAIRS
DISCRETIONARY GRANT APPLICATION FORM

FUNERALS

PERSONAL CONTACT DETAILS

A FAMILY MEMBER (CLOSE OR EXTENDED) MUST APPLY.

Name:	
Address:	
	Postcode:
Contact Phone Number:	Fax:
Relationship to Deceased:	

Funds are paid directly to the Funeral Director.

Please attach copy of quote from Funeral Director or provide the following information.

Date of Funeral:
Family Name of Deceased:
Name of Funeral Directors:
Telephone of Funeral Directors:

The Department of Aboriginal Affairs has a **limited** fund that can provide small grants to assist Aboriginal people when no other source of funding is available. Proof of financial hardship may be requested from the Department.

DECLARATION

I,certify that the family is requesting assistance due to financial hardship. The information given in this application is true and correct in every detail.

Signature: Date:.....