

Funeral Assistance Application Form



AMYAC Charitable
Trust

1 Name of Deceased

2 Deceased's Date of Birth

3 Nominated Family Representative

4 Mobile Number

5 Email Address

6 Postal Address

7 How do you prefer to be contacted

Phone Email

8 If the deceased was not an AM-YAC member (child or relative) what was their relationship to the AM-YAC member applying for assistance?

9 **Important please read below for requirements for your application**

Funeral – please nominate the family member who will work with the executive office. Only **that person** can authorise expenditure for the funeral and the related costs. Please provide application for any State or Federal funding.

10 I confirm I have attached **the required information requested above**. I declare that the above details are true and correct. I agree that any money received from State or Federal Government Funding is to be reimbursed to the AMYAC Trust. I agree to the information in this form being shared with the Advisory Council members of the AM-YAC Charitable Trust if required for the application approval process.

Signed

Date

Please send completed form and documents to:

Email: trust@amyac.com.au

Fax: (08) 8363 3939