



GUMALA ABORIGINAL CORPORATION

9.0

FUNERAL ASSISTANCE

Registration Form

NAME: _____

ADDRESS: _____

DOB: ____ / ____ / ____

MOBILE: _____

HOME: _____

FAX: _____

EMAIL: _____

Language Group:

Banyjima

Innawonga

Nyiyaparli

DETAILS OF DECEASED:

Name of deceased: _____

Your relationship to deceased: _____

Was the deceased a:

Member

Language Group

Non Member

DETAILS OF FUNERAL:

Date of Funeral Service: _____

Location of Funeral Service: _____

Location of Burial: _____

Have you received help or contributions towards funeral costs?

YES

NO

(If yes, please provide details e.g. From: DCD, IBN, MIB, Personal contributions, etc and how much)

Family members authorised to access funds on my behalf :

(Please note: The below must be Gumala Members)

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Signature: _____

Date: _____

Forward completed applications to:

Fax: 08 9188 1846

Email:

gac@gumala.com.au

Office Use Only

Date received: _____

By: _____

Comments: _____

Date processed: _____

By: _____

Comments: _____

Gumala Aboriginal Corporation, PO Box 61, TOM PRICE WA 6751

PH: 1800 486 252 (1800 GUM ALA) FAX: 08 9188 1846 EMAIL: gac@gumala.com.au