



GUMALA ABORIGINAL CORPORATION

10.0

HEADSTONE 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: _____

Did Gumala contribute to the cost of the funeral?

YES

NO

Have you received help or contributions towards headstone costs?

YES

NO

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

FAMILY MEMBERS ABLE TO ASSIST:

(Please note: The below must be Gumala Members and be able to sign an application on your behalf)

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
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