

1 First name

7 Email address

2 Last name

8 How do you prefer to be contacted?

Phone Email Postal address

3 Date of birth

9 What is the date of the funeral?

4 Language group (tick one box only)

Yinhawangka Banyjima Niyiparli

10 What is the location of the funeral? (town/suburb)?

5 Residential address (this must be your registered address with IBN)

11 What is your relationship to the deceased?

(eg: Brother, Mother, Nephew, Auntie)

Please tick the box that best describes the type of assistance you are requesting:

Funeral arrangements

Hosting family

Immediate family funeral

Other funeral

If this not your registered address with IBN you will need to complete the Update Personal Details form before we can process your application

6 Phone

12 Expenses requested  Please attach a copy of the funeral notice.

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Fuel	BP Roebourne	\$60.00

I declare that the above information is true and the payments/purchases requested are for my household costs and expenses. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature



Date

Office use only

Date received

Received by

CP#

IBN Corporation Pty Ltd
ACN 093 140 240

Returning this form 

Post: PO Box 2390 South Hedland WA 6722
Fax: (08) 9140 0998
Email: applications@ibngroup.com.au

In person delivered to: 3 Brand Street, South Hedland,
973 Central Road, Tom Price or 3/4 Welcome Road, Karratha