

Date

Day Month Year

Day Month Year

Applicant’s signature

Applicant’s name (printed)

**By signing this form I confirm that:**

* I am aware of and understand the Privacy Statement contained in this application.
* The information I have given is true and complete.

**Applicant (if not the partner or parent/guardian of a child who had died)**

Date

Parent or parent/guardian’s signature

Parent or parent/guardian’s name (printed)

**By signing this form I confirm that:**

* I am aware of and understand the Privacy Statement contained in this application.
* The information I have given is true and complete.

**Partner or parent/guardian**

**Signature page for Funeral Application**



**Registration No: NGA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

The account number is:

The account is in the name of:

Yes Any payment will be made directly to the person who paid the funeral account

No Any payments will be made directly to the Marae

**Has the funeral account been paid?**

|  |  |
| --- | --- |
| $ |  |
| $ |  |

**What expenses are you applying for?**

Country

Town /City

**Where did they die?**

Day Month Year

**What day did they die?**

Day Month Year

**What was their date of birth?**

Surname:

First and middle names:

**What is the full name of the deceased?**

**Funeral Grant: Partner or parent/guardian form**

This section is to be completed by:

* The partner or nominated person of deceased or
* The parent or guardian of a child who has died. A child under the age of 18years.

Tick the best way to contact you

|  |  |  |
| --- | --- | --- |
| Home phone | ( ) |  |
| Mobile phone | ( ) |  |
| Email |  |  |

**How else can we contact you?**

Tell us your mailing address below:

Yes

No

**Is your mailing address different from where you live?**

Country

Suburb Town/City

Number Street name

**Where do you live?**

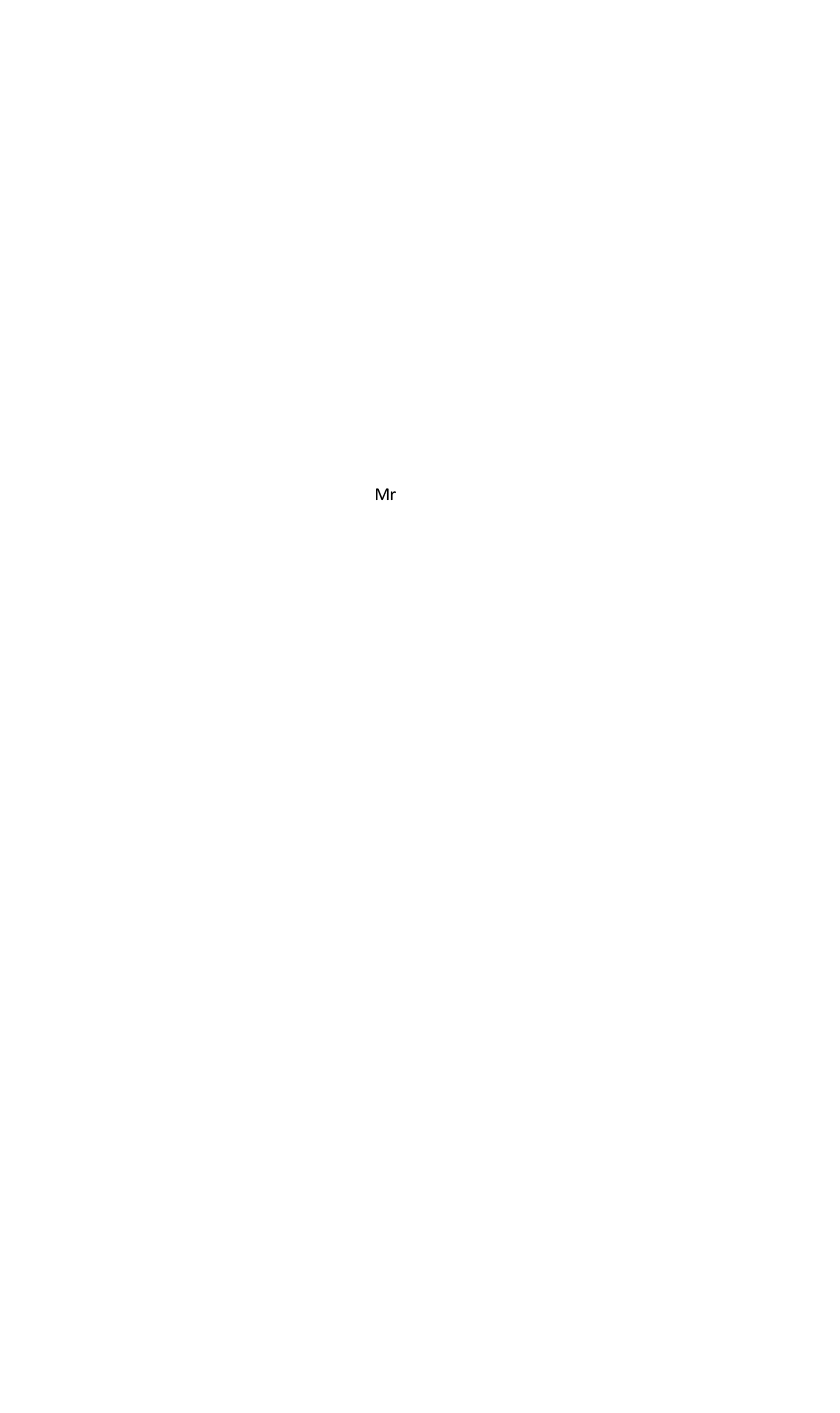
Day Month Year

**What is your date of birth?**

Surname:

First and middle names:

Other

Miss

Ms

Mrs

Mr

**What is your full name?**

The nominated person of the deceased?

The parent or guardian of the deceased?

The partner of the deceased?

**Are you:**



Funeral Applications are available for **Registered NgaiTakoto Members ONLY.**

To apply you need to complete this application form and return along with supporting documents.

Applications can be posted to:

Te Runanga o NgaiTakoto

PO Box 262, Kaitaia, 0410

Dropped into the office:

16 Matthews Avenue, Kaitaia

For faster processing, please provide a signed letter from a Marae Trustee.

**Who can apply?**

**What you need to provide**

You need to provide this application and other supporting documents. Use list below to check what these will be.

Talk to us if you do not have the information, have given it to us recently or if there might be a delay in getting it.

* **Death confirmation** (for example, the person’s death certificate, funeral director confirmation, newspaper death notice).
* **Funeral expenses** – the itemised funeral account. (If this is already paid, the original receipt and proof of bank account of the person who paid the funeral account, for example bank statement or pre-printed deposit slip).
* **Proof of who you are** (for example Community Service Card, Super Gold Card, Driver Licence, Passport).

**FUNERAL APPLICATION FORM**

A Funeral Application may help with some of the Funeral Costs for a person who has died.

For more information:

* Call 0508 TAKOTO (0508 825686)
* Email [admin@ngaitakotoiwi.co.nz](mailto:admin@ngaitakotoiwi.co.nz)

Funeral Applications may not be granted if the funeral costs are covered by another organisation, for example ACC, Veterans’ Affairs.

**Maximum limit applicable to Funeral Grant: $600**