

Funeral Grant Form

(Please Print In Black Ink)



1. Name of Deceased

2. What is your relationship with the Deceased? <i>Husband/Wife/Father/Mother/Other (Please Specify)</i>	
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3. Did the Deceased have any Life Assurance? YES / NO <i>If 'YES' Please Give Details Of The Policies Below</i>	
	Amount Paid
	£

Please send copies of any letters from insurers which confirm the amounts paid

4. Do you receive any state help by way of Income Support/Income based Jobseekers Allowance/Income related Employment and Support Allowance/Pension Credit/ Housing Benefit/the disability or severe disability element of Working Tax Credit/one of the extra elements of Child Tax Credit/Universal Credit? YES / NO <i>If 'YES' Then You Should Apply To Your Local Job Centre Plus/Dept. For Work & Pensions For A Funeral Grant Payment</i>
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5. Have you applied for a Funeral Grant Payment? YES / NO
If a Funeral Grant Payment has been awarded please indicate how much or whether you are still waiting to hear
Amount Paid £ Still Waiting To Hear YES / NO

6. Has there been or will there be any contribution made towards the cost of the funeral from savings or from other family members? YES / NO
Please state the amount of this contribution £

7. Did the deceased have any savings or property? YES / NO
Please state value of property £
Please state value of savings £

If not already sent please supply a photocopy of: 1. The Death Certificate 2. The Funeral Directors' Bill
I confirm this information to be true and accurate:
(Please sign on dotted line and print your name)

DATE:

