# Funeral Grant Form

(Please Print In Black Ink)

1. **Name of Deceased**

2. **What is your relationship with the Deceased?**
   - Husband/Wife/Father/Mother/Other (Please Specify)

3. **Did the Deceased have any Life Assurance?**
   - YES / NO
   - If ‘YES’ Please Give Details Of The Policies Below
   - **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
   - If ‘YES’ Then You Should Apply To Your Local Job Centre Plus/Dept. For Work & Pensions For A Funeral Grant Payment

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:** ………………………………………………………………………………… …………………………………………………………………………………

Version 1.0/SA/JUNE 2015