

Application for funeral expenses

(Section 33 & Section 33A *Victims Support and Rehabilitation Act 1996*)

This form is for funeral expenses only. If you are applying for compensation and funeral expenses, you only need to complete the *Application for Compensation by a Family Member of a Homicide Victim*.

GENERAL INFORMATION

Funeral expenses can be paid in the following ways:

1. Funeral expenses as an interim award (s33)

Payment for reasonable funeral expenses may be made to the family member of a homicide victim as an interim award of compensation. The family member can ask that payment be made directly to the funeral director or service provider.

The interim award will be deducted from the final award of compensation made to the eligible family members. That is, the award for funeral expenses will be deducted from the total \$50,000 available to family members of a homicide victim.

2. Reimbursement of persons who incur funeral expenses (s33A)

Reimbursement of reasonable funeral expenses relating to the funeral of a homicide victim may be made to a person who is not eligible for statutory compensation as a family member.

This payment will be made to the person who incurred the expense and the amount will be deducted from the total \$50,000 available to family members of a homicide victim.

Payment for reasonable funeral expenses may be made, even if there are no eligible family members of the homicide victim.

PART 1: Details of the person applying for funeral expenses

1. Are you a member of the family of the homicide victim?	
Yes	<input type="checkbox"/> → Go to Question 2.
No	<input type="checkbox"/> → Go to Question 3.
2. Have you already applied for compensation?	
Yes	<input type="checkbox"/> → Please provide claim number <input type="text"/>
No	<input type="checkbox"/>
3. Surname	<input type="text"/>
Given names	<input type="text"/>
4. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
5. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
6. Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Email	<input type="text"/>
Phone no.	Daytime <input type="text"/> Mobile <input type="text"/>

PART 2: Details of the homicide victim

7. Surname	<input type="text"/>
Given names	<input type="text"/>
8. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
9. Date of death	<input type="text"/> / <input type="text"/> / <input type="text"/>
10. What is your relationship to the homicide victim	<input type="text"/>

PART 3: Details of the homicide

11. Where in NSW did the homicide occur? (If full address is not known, the suburb/town must be provided.)

Address Postcode

12. Which police station was it reported to?

Name of police officer (if known)

13. Briefly describe what happened.

PART 4: Funeral expenses

14. Please list all funeral expenses you are claiming. See General Information at the front of this form for more information on claiming expenses. All receipts must be attached to your application.

Name of service provider	Amount	Has the account been paid?

PART 5: Statutory Declaration

This statutory declaration must be signed by the applicant in the presence of a Justice of the Peace or Solicitor.

15. I, (full name)

do solemnly and sincerely declare that all the statements made in this application are true and correct to the best of my knowledge, and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Taken and declared before me at

(place)

This / /

(day / month / year)

Your signature

<input type="text"/>	<input type="text"/>
Justice of the Peace/Solicitor (signature)	Justice of the Peace/Solicitor (printed name)

Justice of the Peace Number/Solicitor's Practicing Certificate Number

You may send your completed form by fax to: (02) 8688 9630

Or, post it to: The Director
Victims Services
Locked Bag 5118
PARRAMATTA NSW 2124

If you have any enquiries about this form or the processing of your application, please contact the Family Claims Clerk on (02) 8688 5511 or 1800 069 054 (Freecall).

If you are a person who is hearing impaired and using a TTY machine you may call: TTY (02) 8688 5575.

The Telephone Interpreting Service number is 131 450. You can also send an email to: vct@agd.nsw.gov.au

Further copies of this application can be downloaded from our website www.lawlink.nsw.gov.au/vs