

## Application for funeral expenses by a funeral director

This form is only for funeral expenses that relate to a homicide that occurred in New South Wales. To apply to have funeral costs considered by Victims Services on behalf of the family member of the homicide victim, you can complete and return this application to Victims Services. Please remember to attach your tax invoice.

### General information

The total amount of funeral expenses that can be considered in relation to the death of the homicide victim is \$9,500. Therefore, where amounts have been incurred or expended in excess of this amount, only a maximum of \$9,500 may be awarded.

Funeral expenses may include the following:

- Coffin or casket
- Cremation, burial fees
- Embalming
- Obituary notice
- Headstone
- Minister, clergy
- Costs that relate to use of facilities
- Memorial expenses
- Audio visual
- Printing costs, e.g. service sheets
- Wake related expenses
- Repatriation
- Flowers (can include balloons and soft toys for victims that are children).

Payment of funeral expenses that relate to a homicide can be considered and paid direct to the funeral home if the amount is outstanding.

### PART 1: Details of the funeral director applying for expenses

1. Name		
2. Name of company		
3. Address		
	Suburb	Postcode
4. Contact details	Phone	Mobile
	Email	

### PART 2: Details of the homicide victim

5. Full name	Surname	Given name
6. Date of birth	<i>(dd/mm/yyyy)</i>	
7. Date of death	<i>(dd/mm/yyyy)</i>	
8. Address where the homicide occurred		
	Suburb	Postcode

### PART 3: Details of funeral expenses

9. Has the invoice for the expenses you are claiming been paid?	Yes	No
10. Is the invoice for the expenses you are claiming attached to your application?	Yes	No

## PART 4: Declaration

**Note:** This section must be signed by the funeral director and either a family member, representative or support person.

11. I, *(funeral director's full name)*

hereby apply for expenses on behalf of:

*(family member's full name)*

pursuant to *Victims Rights and Support Act 2013*. I declare that the expense has been incurred and understand that Victims Services may make relevant enquiries to verify the information provided.

Name of funeral director *(please print)*

Funeral director *(signature)*

Date *(dd/mm/yyyy)*

12. I, *(full name of family member, representative or support person)*

acknowledge that the amount approved will be paid from the total funeral expenses available.

13. Relationship to the homicide victim

Name of family member, representative,  
or support person *(please print)*

Family member, representative,  
or support person *(signature)*

Date *(dd/mm/yyyy)*

### Where to send your completed form:

**Email** [vs@dcj.nsw.gov.au](mailto:vs@dcj.nsw.gov.au)

**Post** The Commissioner of Victims Rights,  
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 Victims Advisor on  
1800 633 063

Further copies of this application and the *Application for support for a family member of a homicide victim* can be downloaded from our website at

[www.victimsservices.justice.nsw.gov.au](http://www.victimsservices.justice.nsw.gov.au)