



**Office Use Only**

Application Number: \_\_\_\_\_

**Please complete the relevant sections of this application for funeral assistance.**

Funeral assistance of up to \$6,000 is available for the funeral expenses of a primary victim who has died as a direct result of an act of violence. To be eligible to apply you must be the person who has paid for, or is reasonably likely to pay for the funeral.

A receipt or invoice from the funeral provider must be attached to this application.

**Contact Victim Assist Queensland**

Call Victims LinkUp 1300 546 587 (Mon-Fri 8.30am to 5pm not including public holidays):

- for any questions you have about an application for funeral assistance or financial assistance
- to make an appointment with an officer in one of our offices
- to be put in contact with a support service such as counselling for you or your family.

Or go to our website at [www.justice.qld.gov.au](http://www.justice.qld.gov.au) or email [victimslinkup@justice.qld.gov.au](mailto:victimslinkup@justice.qld.gov.au) for more information.

**Application check list.**

Please make sure you have completed the items on this list before you send your application to Victim Assist Queensland.

- Section 1** - I have completed Section 1 with current contact details.
- Section 3** - I have attached all receipts, invoices or other proof of funeral expenses that I wish to claim as funeral assistance AND any supporting documentation such as claim forms, proof of benefits or rebates or letters as proof of other relevant payments applied for and/or received from other sources (copies are accepted).
- Section 5** - My signature has been witnessed on the Statutory Declaration in Section 5.

**Send the completed application form and all attachments to Victim Assist Queensland by:**

**Mail: Victim Assist Queensland, GPO Box 149, Brisbane QLD 4001**

**Fax: (07) 3109 1901**

**Email: (signed and scanned) to [victimslinkup@justice.qld.gov.au](mailto:victimslinkup@justice.qld.gov.au)**

**Note:** If you want to apply for financial assistance for other expenses from Victim Assist Queensland you must complete a separate Financial Assistance Application (Form 1). For more information call **1300 546 587**.

**Privacy Notice:** The Department of Justice and Attorney-General is collecting your personal information in order to assess your application for financial assistance in accordance with sections 51 and 52 of the *Victims of Crime Assistance Act 2009*. It is the department's usual practice to disclose this information to your health practitioner and/or service provider, the insurance commissioner under the *Motor Accident Insurance Act 1994*, the police commissioner and the Worker's Compensation chief executive in order to obtain information relevant to making a decision on your application. The department may also disclose the information to the Queensland Civil and Administrative Tribunal (QCAT) for the purpose of hearing an appeal should you appeal the Government Assessor's decision.

**Go to Section 1 over the page to start your application for funeral assistance.**

**SECTION 1 - Details of the Person Expected to Pay for the Funeral**

You must complete this section as the person paying for, or reasonably likely to pay for the funeral.

**Title** (e.g. Mr, Mrs, Ms, Miss) **Given name/s** **Family name**

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If you have used any other name/s please provide the name/s here (e.g maiden name or change of name for privacy reasons)

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**Sex** **Date of birth**

Male  Female 

/	/
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**Residential address**

	Postcode
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**Postal address** (if different from residential address)

	Postcode
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**Telephone number** **Mobile/alternative number** **Email**

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What is the best way to contact you (discretion will be used when calling)?

- Telephone
- Mobile/alternative
- Email
- Post

Are you related to the primary victim who has died?

Yes  ► Please state the relationship

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No

Are you of Aboriginal or Torres Strait Islander background (optional)?

- No
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

Do you want Victim Assist Queensland to assist you in any of the following ways?

Interpreter service  ► Please specify language

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Writing/reading help

Auslan or signed English

Other  ► Please specify

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Go to Section 2.

**SECTION 2 - Details of Act of Violence**

You must complete this section with as much detail as you know to help confirm the details of the act of violence that resulted in the death of the primary victim *(person who has died as a result of the act of violence)*.

Date the act of violence occurred?

or

Over what period of time did the act of violence occur?

 to 

Please complete details of the primary victim who died *(if known)*.

Name of primary victim

Family name

Date of birth

Place of birth of primary victim

Postcode

Date of death of primary victim

Where did the act of violence take place *(any details you may be able to provide to assist with confirming the act of violence)*?

Place/Suburb/Town *(if known)*

Postcode

Please provide the details of the police station that the act of violence was reported to *(if known)*.

Police Station

Police reference number

Date reported

If you know the name/s of the alleged offender or offenders please provide details here:

Name of Offender/s	Sex (M/F)	Offender/s address	Relationship to primary victim

Were you charged with any offence in relation to the act of violence?

No

Yes

What was the charge?

**SECTION 3 - Details of Funeral Assistance**

You must complete Part A of this section with details of the funeral expenses you have paid, or are likely to have to pay.

You must complete Part B if you are eligible to receive payment from other sources to cover funeral expenses. Victim Assist Queensland must know this information before your application can be decided.

**PART A - Details of funeral expenses**

Have you paid funeral expenses, or will you have to pay funeral expenses of the primary victim?

Yes  No

If yes, please provide details of the funeral expenses:

Date of Funeral	Funeral Company	Amount you have paid	Amount still to be paid
/ /		\$	\$

**Note:** You must attach the invoice or receipt from the funeral company. Your application cannot be processed without it. The receipt or invoice from the funeral company must be charged to your name

**PART B - Details of other sources of payment**

Did the primary victim have funeral insurance?

Yes  No

If yes, please provide details:

Insurance company	Payment received or expected to receive (in \$)	Date received or date expected to receive payment
	\$	

Are you entitled, or might you be entitled, to any reimbursement of any of the funeral expenses from another source (e.g. a council fund or money left by the deceased specifically to cover their funeral)?

Yes  No

If yes, please provide details including the amount in \$:

**Note:** You must attach any supporting documentation such as claim forms, proof of benefits or rebates, letters as proof of other relevant payments applied for and/or received from other sources (copies are accepted).

**Go to Section 4.**

**SECTION 4 - Banking Details**

You must complete this section if you want any payment of assistance to be transferred directly into a bank account. If you do not have a bank account, the payment will be posted to you at the address on this form. Some payments may be made directly to the service provider.

Please nominate a bank account for payment if you want the payment transferred directly into a bank account.

BSB number       Account number

Name of account holder

Signature (of applicant)  Date  /  /

Go to Section 5

**SECTION 5 - Statutory Declaration**

You must complete this section. A signed witnessed statutory declaration is required before your application can be processed.

You must sign this section of the application in front of a Justice of the Peace, Commissioner for Declarations, Notary Public or lawyer and then it must be signed and dated by them.

**STATUTORY DECLARATION**

I (full name)

of (address)

do solemnly and sincerely declare that the contents of this application are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Signature of applicant  Date  /  /

Declared at (location)  Postcode

Before witness:

Signature of Witness  Date  /  /

Name of Witness

Title of Witness (JP, ComDec, Notary, Lawyer)

Address of Witness (business address)  Postcode

**End of application. Please return to the front of the application form and refer to the application check list before sending the completed application to Victim Assist Queensland.**