

Headstone & Grave Maintenance Policy – Family Application
Promotion of Lore and Culture

All Applications are considered on a case by case basis in line with guidelines set out by the Yinhawangka Decision Making Committee (DMC) and Traditional Owner Council

APPLICATION DETAILS

Application Date:	Family Name:	
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PRIMARY FAMILY CONTACT

Full Name:		Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Street Address:		
City / Suburb:		
Email:	Phone:	

ADDITIONAL FAMILY MEMBERS SUPPORTING APPLICATION

Applicant 2		
Full Name	DOB	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Address:		
Phone:		
Applicant 3		
Full Name	DOB	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Address:		
Phone:		
Applicant 4		
Full Name	DOB	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Address:		
Phone:		
Applicant 5		
Full Name	DOB	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Address:		
Phone:		

DETAILS OF HEADSTONE

Surname of Deceased:	<i>Note: deceased does not need to be a beneficiary</i>	
Headstone Location:	Confirmation of Location Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant information:		
.....		
.....		
.....		

FUNDS REQUESTED

Headstone Cost	<i>Supplier</i>
Maintenance Cost	<i>Supplier</i>
Other incidentals	<i>Details:</i>
Total Funds required	Note: Funds are to be paid directly to supplier on provision of receipts.
\$.....	

Supporting Documentation: Quotes / Invoices from supplier are attached
 Supplier payment details are attached

Applications will NOT be processed until supporting documentation is received.

All Applicants named in this Application are not eligible for benefits from another funding source (e.g. Plan B / AET, Gumala, IBN).

As the Primary Contact for this application, I understand that the application will be processed by the Trustee (Mutual Trust) within **THREE (3) business days once all required supporting documentation has been received.**

Signature of Primary Family Contact **Date**

Signature of Applicant 2 **Date**

Signature of Applicant 3 **Date**

Signature of Applicant 4 **Date**

Signature of Applicant 5 **Date**

NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as set out in the Yinhawangka Charitable Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au

Mail: Mutual Trust, PO Box 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700