

APPLICATION FOR FUNERAL GRANT

For Returned and Service Men and Women Who Are Members of The Howick RSA or Live in The Defined Howick RSA District.

Application Must Be Made Within 2 Calendar Months of Death

Full Name of Applicant:

Address:

Contact Number:

Name of Deceased:

Date of Birth:

Service Number:

Date of Death:

Member Number:

FOR OUR RECORDS PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE AND IF NOT A MEMBER OF THIS R.S.A. PROOF OF SERVICE WITH THIS APPLICATION

Signature:

Date:

OFFICE USE ONLY

APPROVED BY:

DATE :