

## COMMUNITY PROGRAM 4:

# CULTURAL SUPPORT

## 4.4 FUNERAL ARRANGEMENTS

Full Name of Deceased IBN Member:

Date of Birth:

IBN Member Applying:

Membership Number:

Registered Home Address:

Phone:

Email Address:

Language Group:

Yinhawangka

Banyjima

Niyaparli

Funeral Dates:

Location:

Description of Item:


Name of Supplier:


Amount:

\$
\$
\$
\$
\$
Total

**Comments:**

I declare that the information I have provided in this form is true and correct, and the benefits requested are for my own use.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature:

Date:

### Need Help Contact IBN:

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Karratha Office: Unit 3 / 4 Welcome Road Karratha 6714

Tom Price Office: Shop 1, 973 Central Road Tom Price 6751

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Phone: 08 9140 0900

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