



## PAROO SHIRE COUNCIL

# Funeral Prepayment Application

APPLICANT DETAILS			
Full name:			
Address:			
Suburb:	State:	Post code:	
Phone:	Mobile:		
Email:			

NEXT OF KIN DETAILS			
Relationship to applicant:			
Full name:			
Address:			
Suburb:	State:	Post code:	
Phone:	Mobile:		
Email:			

DETAILS OF PAYMENT COMMITMENT	
Frequency of payments: <i>Please select one of the below three options</i>	<input type="checkbox"/> Option 1: Weekly payment of \$ _____ <input type="checkbox"/> Option 2: Fortnightly payment of \$ _____ <input type="checkbox"/> Option 3: Monthly payment of \$ _____
Payments to commence from:	/ /

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

OFFICE USE ONLY	
Date processed:	Actioning officer:
GL account:	

The Information collected in this form will be used by Council for a lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the Right to Information ACT 2009) or as required by the Public Records Act 2002.