



dust diseases care

Funeral Benefit Claim Form

Details of the Deceased Person		
DDB File Number (if known)		
Name of Deceased Person		
Date of Birth		
Address at the time of death		
Date of Death		
Note: Please attach copy of the Medical Death Certificate (available from the Funeral Director) or a copy of the Death Certificate issued by the Registry of Births, Deaths & Marriages.		
Executor/rix		
Name and address of the executor/rix of the estate	Name	
	Address	
	Telephone	
Funeral Director		
Name of Funeral Director		
Address		
Contact Details	Telephone	
Email address		
Name of contact person		
Payment Details		
Have the funeral expenses been paid?	<input type="checkbox"/> Yes Please attach receipt and itemised tax invoice. <input type="checkbox"/> No Please attach itemised tax invoice.	
Claimant Details		
Signature of Claimant		
Name of Claimant		
Date		

Send the completed form together with a copy of the Death Certificate, itemised tax invoice and any receipts to:

Post to
Compensation Services
Dust Diseases Care
GPO Box 5323
SYDNEY NSW 2001

Email to
DDAenquiries@icare.nsw.gov.au

Fax to
(02) 9279 1520