

# Funeral Directors Death Claim Statutory Declaration



Please complete this section only if you do not have the original policy certificate.  
Please use **BLOCK** letters and a black or blue pen.

Name of Participating Funeral Director	<input type="text"/>
Funeral Bond Policy Number	<input type="text"/>
Full Name of Deceased	<input type="text"/>
Date of Death	<input type="text"/>

I, .....  
(full name)

of .....  
.....  
(full address)

in the State of .....

do solemnly and sincerely declare that:

1. I am employed by the above mentioned Funeral Director and I am authorised to make this Declaration on its behalf.
2. I am legally entitled to receive the sum payable under the above mentioned Certificate being the assignee of the policy.
3. The Funeral Services agreed to be supplied by the Funeral Director under this pre-arranged Policy have been supplied.
4. I have made a thorough search and have been unable to locate the original Certificate of Membership concerning this policy.

I make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of Parliament of ..... (State) rendering person making a false declaration punishable for willful and corrupt perjury.

Declared at .....  
in the State aforesaid,

This ..... day of ..... in the year of .....

Before me: .....

**Please send your completed form to:**

Australian Unity Investments  
Reply Paid 64466  
South Melbourne VIC 3205