



FUNERAL GRANT APPLICATION FORM

APPENDIX "C"
FORM P.W.F (3)

PERSONAL ADDRESS

.....

 Date.....

Police Welfare Committee
 Police Welfare Association

Re: Application of
 (Force#, Rank & Name)

I hereby apply for assistance to bury my father mother , spouse , child under 18 yrs .

- Name of Deceased:
- Date of Death:
- Date of Funeral:

Attached to this application are copies of Death Certificate or Burial Order , Birth Certificate or Marriage Certificate .

Where the father's name does NOT appear on the applicant's Birth Certificate, or where the relationship is NOT bound by marriage, the applicant MUST supply a letter from a Justice of the Peace (JP) verifying this information.

Please see below other information pertinent to this application.

- ❖ I am Retired Date of Retirement:.....
- ❖ Name of Division/Section/Station:
- ❖ I can be contacted at(cell).....(h).....(wk)
- ❖ Email address:
- ❖ ID Type: Driver's License Passport Other
- ❖ Next of Kin: (Name + Relation).....
- ❖ Next of Kin Address:.....
- ❖ Next of Kin Contact No:

I look forward to your kind assistance.

Yours sincerely,

.....
 Signature, Rank & Force #

| FOR OFFICE USE ONLY | | | | |
|--|-----|-----------------------------------|--------------------|--------|
| Does the member's Contribution exceeds 1 year? | Yes | | | Page # |
| | No | | | Page # |
| PAYMENT INFORMATION | | | | |
| Amount to be paid | \$ | To whom should the Grant be paid? | | |
| Documents Checked by Whom & Date | | | Approved by & Date | |
| | | | | |

All sections on this application form *MUST* be filled out
 Email address for the Police Welfare Association: pwa@tcipolice.tc