



# Claim for Compensation for Funeral Expenses and/or Entitlements Following Death for Dependants of Deceased Members and Former Members of the Australian Defence Force

## Safety, Rehabilitation and Compensation Act 1988 (SRCA)

### Who should complete this form?

- Persons who were dependants of a member or former member of the Australian Defence Force (ADF) at the time of that person's death, where the person died as a result of a pre 1 July 2004 defence-related injury or disease; and/or
- persons who are the Legal Representative of a dependant of a member or former member of the ADF who died as a result of a pre 1 July 2004 defence-related injury or disease e.g. a dependant's solicitor; and/or
- persons who have paid the cost of the funeral or who carried out the funeral (where that cost has not been paid) of a member or former member of the Australian Defence Force (ADF) where the person died as a result of pre 1 July 2004 defence-related injury or disease.

**NB:** This form should not be used for applicants of War Widow(er)s pension under the *Veterans' Entitlements Act 1986* (VEA).

### Definition of dependant

Dependant means a person who was wholly or partly dependent on the deceased for economic support at the date of the deceased's death and who was, immediately before the death, in one of the following relationships with the deceased:

- (a) husband or wife;
- (b) de facto partner, being a person who was in either a same-sex or opposite-sex relationship with another person which is registered under a prescribed law of a State or Territory. For a list of those laws, please contact the Department of Veterans' Affairs (DVA);
- (c) de facto partner, being a person who was in a relationship with another person that was not registered, but that was either a same-sex or opposite-sex relationship as a couple;
- (d) father, mother, step-father, step-mother, father-in-law, mother-in-law, grandfather, grandmother, son, daughter, step-son, step-daughter, grandson, grand-daughter, brother, sister, half-brother or half-sister of the deceased. These terms apply equally to heterosexual and same-sex relationships e.g.
  - the parents of the partner of a person in a same-sex relationship are included in the term 'father-in-law' and 'mother-in-law';
  - the son or daughter of the partner of a person in a same-sex relationship is the son or daughter of the person.
- (e) where the deceased was a member of the Aboriginal race of Australia or a descendant of indigenous inhabitants of the Torres Strait Islands - a person who is or was recognised as the deceased's husband or wife by the custom prevailing in the tribe or group to which the deceased belonged.
- (f) a person in relation to whom the deceased stood in the position of a parent or who stood in the position of a parent to the deceased.

### Dependent for economic support

A spouse, partner or prescribed child ( who is under 16, or is 16 or more but under 25 and is undertaking full-time education, and is not ordinarily in employment or engaged in work on his or her own account) who was, immediately before the death, living with the deceased is automatically taken to have been wholly economically dependent on the deceased at the date of death.

A dependant who would have been wholly or partly dependent but for an incapacity of the deceased that resulted from an injury related to their defence service is taken to have been so dependent on the deceased at the date of death.

## Establishing dependency

Possible dependants (other than a spouse, partner or prescribed child who is taken to have been wholly dependent) must demonstrate dependency for economic support by providing all relevant information such as:

- bank statements;
- other records;
- proof of regular support payments by the deceased for economic support; and/or
- court orders which demonstrate the deceased's legal liability to make regular payments.

Please provide as much evidence of dependency as possible when submitting this claim. The economic link must be in the nature of support and reliance by the dependant. It is not sufficient that the deceased made sporadic gifts of money where they could not be relied on for continuous sustenance.

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### This form asks about

- The personal details of the person(s) claiming benefits; and
- details of the deceased member.

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### Completing this form

The information you give should be as complete as possible so that your claim is not delayed. Note that all documents required must be attached for your claim to proceed. Where you are asked to provide copies of documents, you must either provide certified copies or original documents which can be sighted and verified by a DVA officer before being returned to you by registered post.

Please use a black or blue pen and tick boxes as appropriate.

Not all questions will apply to you in which case you will be directed to skip to the next relevant one. If you do not have enough space to answer a question, use a separate piece of paper. You are responsible for providing evidence to support your claim. Any such evidence should be included.

If you cannot answer all the questions, fill in as much as you can and get in touch with DVA in your State who will help you.

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### Make sure you:

- Sign the declaration that the information given on the form is correct at Section G.
- Attach certified copies of the death certificate, marriage certificate or evidence of the registration of your relationship (where relevant) and the birth certificate for any children.
- Attach relevant medical documents.

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### Important information

The information sought on this form is required to assess eligibility for a benefit under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA). Dependants of a member of the Australian Defence Force who had service on or after 1 July 2004 may be eligible for benefit under the *Military Rehabilitation and Compensation Act 2004*. In such cases form D2053 "Claim for Compensation for Dependants of Deceased members and Former members" should be completed or D2663 "Claim for Pension by a Widow, Widower or other Dependant of a Deceased Veteran" should eligibility be under the VEA.

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### Proving your identity to DVA

When you lodge a claim with DVA, you must show documents from Category A and B to prove your identity. These must be original documents or true and certified copies (see "Who can certify copies of documents" on DVA Fact Sheet DVA06 - Proving your identity to DVA).

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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**Giving false or misleading information is a serious offence.**

**If any details you give in this claim change, you must tell the Department within 21 days.**

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## If you need more information please contact DVA:

<b>National Toll Free Number</b>
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**133 254**

<b>Internet</b>
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<http://www.dva.gov.au>

<b>Addresses</b>
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**By mail**

Department of Veterans' Affairs

GPO Box 9998

in your Capital City (or in Townsville, QLD)

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SECTION A

Deceased's Personal Details

1

DVA File No. (if known)

Where known, please provide the DVA file number for all claims made to DVA in relation to the conditions regarded as the deceased's cause of death.

2

Full name

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Given name(s)

Previous name (if applicable)

3

Date of birth

/

/

4

Gender

Male ☐ Female ☐

Service Details

5

Service Number/PMKeys Number

6

Service Arm

Army ☐ Navy ☐ RAAF ☐

Date of enlistment 

/

/

Date of discharge 

/

/

Details of Death

7

Has death liability already been determined by DVA?

No ☐

Date of death

/

/

Time of death

Please briefly describe the events that led to the (ex)member's death. In the case of a claim that involved death from disease please explain why you believe employment with the Military caused or materially contributed to the disease.

Please attach a copy of the death certificate

Yes ☐


Please provide DVA File Number and go directly to Section B

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8

Was the death subject to a coronial inquiry?


No ☐

Yes ☐  Please attach a copy of the coronial inquiry report

9

Was a post mortem of the death held?

No ☐

Yes ☐  Please attach a copy of the post mortem report

10

Were there any witnesses to the death?

No ☐

Yes ☐ Please supply names and contact details of the witnesses

Medical Treatment

11

Please list treating doctors and hospitals that have provided treatment for any injury or disease that was related to the death of the member.

Date(s) of Treatment	Name of doctor/hospital	Type of treatment/consultation (e.g. specialist, GP)
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

If insufficient space, please attach a separate sheet

SECTION B

Details of Claim

12

What type of claim are you making?

Please tick the appropriate box.

Dependant compensation only ☐

Funeral Benefits only ☐

Both Dependant compensation and Funeral Benefits ☐

Please continue complete sections C to G and I

Please continue complete sections E, H and I

Please complete the whole form

**SECTION C****Claimants Details****13 Your full name**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Given name(s)	<input type="text"/>				

**14 Home address**

<input type="text"/>
<input type="text"/>
POSTCODE

**15 Postal address**

(if same as home address write  
"as above")

<input type="text"/>
<input type="text"/>
POSTCODE

**16 Contact details**

Home telephone	<input type="text"/>
Work telephone	<input type="text"/>
Mobile	<input type="text"/>
Facsimile	<input type="text"/>
E-mail	<input type="text"/>

**17 Method of contact to be used  
between DVA and the claimant**

Please indicate the method of  
contact you prefer DVA use when  
communicating with you.

Home <input type="checkbox"/>	E-mail <input type="checkbox"/>
Work <input type="checkbox"/>	Letter <input type="checkbox"/>
Mobile <input type="checkbox"/>	Legal representative <input type="checkbox"/> ► DVA will direct all communication to your legal representative only

**18 Date of birth****19 Gender**

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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**20 Relationship to deceased**

(e.g. partner, child, friend, funeral  
director).

**21 Do you have a Representative  
acting for you on matters  
relating to this claim?**

(e.g. lawyer, ESO, Legacy).

No <input type="checkbox"/>
Yes <input type="checkbox"/> ► Please ensure section <b>E</b> is completed

**SECTION D****Dependants Details**

Please:

- detail below all dependants of the deceased. Where addresses and contact details are the same in section C write “as above”;
- ensure evidence relating to economic support as detailed in covering page is provided with claim;
- if there is insufficient space use blank paper for further additional dependants;
- ensure all dependant information is provided. Section 17(10) of the SRCA reads: Where claims for compensation under this section are made by or on behalf of 2 or more dependants of a deceased employee, Comcare shall make one determination in respect of those claims. Therefore no further dependant claims can be made at a later date.

**Dependant 1****22 Full name**

If the same as Claimant please write “as per Claimant details”

Title

Mr ☐Mrs ☐Miss ☐Ms ☐Other 

Surname

Given name(s)

**23 Home address**

If the same as Claimant please write “as per Claimant details”

POSTCODE

**24 Postal address**

If the same as Claimant please write “as per Claimant details”

POSTCODE

**25 Contact details**

If the same as Claimant please write “as per Claimant details”

Home telephone

[ ]

Work telephone

[ ]

Mobile

Facsimile

E-mail

**26 Date of birth**

If the same as Claimant please write “as per Claimant details”

/ /

**27 Gender**Male ☐Female ☐**28 Relationship to deceased**

(e.g. partner, son, daughter).



Please attach a copy of relevant information to verify relationship e.g. birth certificate

**29 Was dependant 1 living with the deceased immediately before the date of death?**No ☐Yes ☐**30 Was dependant 1 dependent on the deceased for economic support at the date of death?**No ☐Yes ☐Wholly ☐Mainly ☐Partly ☐

If between the ages of 16 and 25 years, is this dependant a student?

No ☐Yes ☐Full time ☐Part time ☐

## Dependant 2

### 31 Full name

Title

Mr ☐

Mrs ☐

Miss ☐

Ms ☐

Other

Surname

Given name(s)

### 32 Home address

POSTCODE

### 34 Postal address

POSTCODE

### 35 Contact details

Home telephone

[ ]

Work telephone

[ ]

Mobile

Facsimile

E-mail

### 36 Date of birth

/ /

### 37 Gender

Male ☐

Female ☐

### 38 Relationship to deceased

(e.g. partner, son, daughter).



Please attach a copy of relevant information to verify relationship e.g. birth certificate

### 39 Was dependant 2 living with the deceased immediately before the date of death?

No ☐

Yes ☐

### 40 Was dependant 2 dependent on the deceased for economic support at the date of death?

No ☐

Yes ☐

Wholly ☐

Mainly ☐

Partly ☐

If between the ages of 16 and 25 years, is this dependant a student?

No ☐

Yes ☐

Full time ☐

Part time ☐



**Dependant 3**

<b>41 Full name</b>	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	Surname	<input type="text"/>
	Given name(s)	<input type="text"/>


<b>42 Home address</b>	<input type="text"/>
	<input type="text"/>
	POSTCODE <input type="text"/>

<b>43 Postal address</b>	<input type="text"/>
	<input type="text"/>
	POSTCODE <input type="text"/>

<b>44 Contact details</b>	Home telephone	[ <input type="text"/> ] <input type="text"/>
	Work telephone	[ <input type="text"/> ] <input type="text"/>
	Mobile	<input type="text"/>
	Facsimile	[ <input type="text"/> ] <input type="text"/>
	E-mail	<input type="text"/>

<b>45 Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>46 Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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<b>47 Relationship to deceased</b> (e.g. partner, son, daughter).	<input type="text"/>
 Please attach a copy of relevant information to verify relationship e.g. birth certificate	

<b>48 Was dependant 3 living with the deceased immediately before the date of death?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
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<b>49 Was dependant 3 dependent on the deceased for economic support at the date of death?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Wholly <input type="checkbox"/> Mainly <input type="checkbox"/> Partly <input type="checkbox"/>	
	If between the ages of 16 and 25 years, is this dependant a student?	
	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Full time <input type="checkbox"/> Part time <input type="checkbox"/>	

**Other Dependants**

<b>50 Are you aware of any other dependants?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ►	Please provide the following details so that DVA can forward the appropriate form
	Dependant's name	<input type="text"/>
	Dependant's address	<input type="text"/>
		<input type="text"/>
		POSTCODE <input type="text"/>
Contact Phone Nos.	[ <input type="text"/> ] <input type="text"/>	[ <input type="text"/> ] <input type="text"/>

<b>SECTION E</b>	<b>Representation</b>
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<b>51 Representative details</b>	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	Surname	<input type="text"/>
	Given name(s)	<input type="text"/>

<b>52 Name of organisation</b> (if applicable)	<input type="text"/>
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<b>52 Address</b>	<input type="text"/>
	<input type="text"/>
	POSTCODE <input type="text"/>

<b>53 Contact details</b>	Work telephone	<input type="text"/>
	Home telephone	<input type="text"/>
	Mobile	<input type="text"/>
	Facsimile	<input type="text"/>
	E-mail	<input type="text"/>

Your Representative must also sign this form at Section I

<b>SECTION F</b>	<b>Legal Action</b>
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<b>Intention</b>
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<b>54 Have you or do you intend to take action, other than making this claim, to recover damages or expenses?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	► Please provide the name and contact details of your legal representative
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

**Important:** You must inform us if you take legal action at a later date or get any money for damages. There are penalties if you do not inform us within 7 days of commencing legal action in respect of death.

**SECTION G****Other Claims****Further Lodgment**

**55** Have you or do you intend lodging a claim for a pension under the provisions of the Veterans' Entitlements Act 1986 (VEA)?

No ☐Yes ☐

► If you have already lodged a claim under the VEA or MRCA please provide the DVA file number

**Important:** Posthumous claim for Permanent Impairment compensation may only be made by your Legal Personal Representative.

**SECTION H****Funeral Expenses**

Persons who have paid the cost of the funeral or who carried out the funeral (where that cost has not been paid) of a member or former member of the Australian Defence Force (ADF) where the person died as a result of a pre 1 July 2004 defence-related injury or disease should complete this section. Please be aware that where the answer to question **7** is no, liability will need to be established prior to any reimbursement of funeral expenses being made.

**Details of the funeral**

**56** Funeral Director's name

**57** Date of funeral

**58** Location of funeral

**59** Have the funeral expenses for the deceased (referred to in Section A of this claim) been paid?

No ☐Yes ☐

► Name of person/organisation who paid the expenses

Amount of funeral expenses

\$

Date paid

Method of payment



Please attach a copy of relevant documentation e.g. tax invoice, receipt, etc.

A representative is only required to sign this form if they are the Legal Representative of the dependant.

Dependant compensation

I declare that the details I have given in this claim are complete and correct.  
I am aware that there are penalties for making false statements.  
I authorise the Military Rehabilitation and Compensation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.  
I consent to the release of medical, clinical or other information to DVA by any medical practitioner, hospital, clinic, insurance company, the Department of Defence or other organisation, in relation to this claim or its review.  
I authorise Australian Government Department or agencies (including Centrelink and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim.

Funeral expenses (claimed by Funeral Director)

I declare that should funeral expenses subsequently be paid by another person I will reimburse the Department of Veterans' Affairs monies in full that are paid to me as a result of this claim.  
I declare that I/Funeral Directors will not seek duplicate payment from any person.  
I declare that I am authorised to represent the Funeral Directors detailed at item 41.

	Date <div>/ /</div>
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	Date <div>/ /</div>
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