



Application for a funeral grant

AFL Sickness Benefit Fund Búðareyri 7 • 730 Reyðarfirði sjukrasjodur@asa.is

Name				ID No.
Address			Postcode	Place
Home phone	N	Mobile phone		E-mail
Workplace				Workplace phone
Name of the deceased				ID No. of the deceased
Last workplace of the deceased:				
	Such a grant m			deceased, by being deposited into out is tax-exempt, insofar as funeral
Name of the requestor				ID No.
			Bank	c. type Account No.
Date	Applicant's signatur	re		
This application must be accompa Death certificate Authorisation	anied by the followi			
To be filled out by an agent of the Sickness Benefit Fund				
Comments			ate sent to the Board	J
		Da	ate of taking action	
		Pa	aid by the Sickness I	Benefit Fund
Date	Agent's signature			