

Greengate Death Committee Application Form

***** FOR OFFICE USE ONLY *****

Date received

Yes	No
Yes	No

Photo ID's Provided?

Proofs of address Received?

Membership Criteria Met?

Payment Received?

Application Approved?

Yes	No
Yes	No
Yes	No

Membership Type required (Tick the required box)

Family - £250

Individual - £125

Forms of ID Required

1 x Photo ID for BOTH Adults (Current Passport or Driving license (Full or Provisional)) AND 2 x Proof of address for Main Applicant

Proof of address will be via presentation of an original copy of the following documents:

Any Council Tax bill / Benefit Letter / Pension Letter from the Last 12 Months

Any Bank Statement / Utility Bill / HMRC letter from the Last 3 Months

Main Applicant's Details

Full Name				Date of Birth	
Address				Place of Birth	
Town				Post Code	
Email address				Mobile No.	
Marital Status	Single / Married	Sex	Male / Female	No of Children in household below 18	

Please list all eligible children's details on the next page. Only eligible children officially advised by the parent(s) will be included in a family membership.

Details of Next of Kin / Alternative Contact

Please provide details of your next of kin or an alternative contact in case, for any reason, we cannot get in contact with you or due to any urgent need or in the case of any emergency.

Full Name				Relationship	
Address					
Town				Post Code	
Email address				Mobile No.	

Medical Issues known of

Please advise of any known medical conditions for all those requiring Membership. It is the responsibility of the Main Adult Member to inform Greengate Death Committee of any conditions that may negatively affect the life-expectancy of those under their Membership.

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Spouse's Details			
For Family Membership's, Please provide details of your Spouse. It is also important we have their contact details in case yours change or in the case of any emergency.			
Full Name		Date of Birth	
Address		Place of Birth	
Town		Post Code	
Email address		Mobile No.	

Dependant children under 18				
Please list below ALL the dependant children in your household who are under the age of 18. Only eligible children officially advised by the Parent(s)/Guardian(s) will be included in a Family Membership.				
	Full Name	Date of Birth	Age	Please circle the category that applies
1				Male Female Birth Child Step-Child Adopted
2				Male Female Birth Child Step-Child Adopted
3				Male Female Birth Child Step-Child Adopted
4				Male Female Birth Child Step-Child Adopted
5				Male Female Birth Child Step-Child Adopted
6				Male Female Birth Child Step-Child Adopted
7				Male Female Birth Child Step-Child Adopted
8				Male Female Birth Child Step-Child Adopted
9				Male Female Birth Child Step-Child Adopted

Agreement

I/We Hereby confirm the above details provided are genuine and valid.

I/We also understand that submitting an application or making payment does not obligate Greengate Death Committee to grant Membership. Membership will only be approved once all criteria are met, Supporting documents presented, Payment made in Full and approval is informed by the Management of the Greengate Death Committee.

I/We understand and agree that it is my/our duty and responsibility to notify Greengate Death Committee of ALL changes in circumstance in relation to myself/ALL those under this Membership, at my/our earliest convenience.

Main Applicant Name			
Main Applicant Signature		Date	
Spouse Name			
Spouse Signature		Date	