

Funeral grant Application form

When a person with cystic fibrosis dies, we can provide a grant of **£750** to help with funeral costs. Grants are usually processed within **10 days** of receiving a completed application, and we can pay the grant to funeral directors directly if this is more convenient.

We aim to make it as easy as possible for bereaved families to apply for this grant at such a difficult time. Please read the **guidance on our website** and **contact our Helpline** with any questions or for support in applying for the grant. The application needs to be endorsed by a professional who was involved in the medical care of the person who has died and either signed by them or emailed to us from their professional email account. If you have any concerns or questions please contact our Helpline team by calling **0300 373 1000**, emailing helpline@cysticfibrosis.org.uk, or sending a WhatsApp message to **07361 582053**

Your name	
Your address	
Contact email address	
Contact phone number	
Name of the person with cystic fibrosis who has died	
Their address (if different)	
Your relationship to this person	
Their date of birth	
Date of death	
Hospital(s) they attended	
Amount requested	£
	Total cost of funeral
	£

You may be eligible for help from your council's local welfare assistance/provision service or the Social Fund. Please note for people applying to the Social Fund/local welfare assistance for help with funeral payments, a funeral grant from the Cystic Fibrosis Trust (or another charity) may be taken into account when calculating their award.

Payment details

We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline. We can make payments directly to funeral directors if preferred.

Your name (as it appears on your bank statement)								
Bank/Building Society								
Account number								
Sort code								

In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the information provided above for the purposes of assessing and processing this grant application and any other grant applications made in the name of the applicant. We may also use the information on this form to write to you and/or the next of kin of the person who has died, to express our condolences and provide you with information about what further support we can provide to you.

We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.

For more information, please see our privacy policy.

Monitoring form

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust's Welfare Grants programme by answering the questions in this final section. The information in this section is not used to make decisions and will not affect the outcome of your application.

This information is about the person with cystic fibrosis who will benefit from the grant

Gender

- Male
- Female
- Intersex
- Non-binary
- Prefer not to say

If you prefer to use your own term, please specify here:

How many adults in your household:

How many children in your household:

Age

- Under 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55+

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed or multiple ethnic background

White

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Roma

Any other White background

Sexual Orientation

You do not need to complete this section if the applicant is a child

- Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say

I identify as:

How did you hear about Cystic Fibrosis Trust's grants?

- Cystic Fibrosis Trust website
- Hospital or CF specialist team
- Social media

Other:

What is your household income per year?

This includes benefits and earnings

- Less than £6,000
- £6,000 - £14,999
- £15,000 – £27,999
- £28,000 - £29,999
- £30,000 - £44,999
- £45,000 - £59,999
- More than £60,000
- Prefer not to say

Supporting statement from the endorser

The endorser is a member of your CF Team such as clinician or CF centre social worker

This section should be completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

Please tick if they will be emailing their supporting statement

I confirm that the information given on this form is correct, and the person who has died had cystic fibrosis.

Name	
Job title	
Signature*	
Place of work	
Contact number/email	

Supporting statements can also be emailed separately to us at helpline@cysticfibrosis.org.uk. They must be emailed from the endorser's professional email account.

You may want to send this form with password protection or encryption. Please see your local hospital or Trust's policy and procedures for the best way to do this. We can't access NHS internal systems but we are able to access emails encrypted via Egress.

cysticfibrosis.org.uk

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