

Funeral Expense Insurance Claim Form

Policy Information

Policy Number

Insurance Provider

Deceased Information

Full Name

Date of Birth

Date of Death

Claimant Information

Full Name

Relationship to Deceased

Address

Contact Number

Email

Funeral and Expense Details

Date of Funeral

Name of Funeral Home

Expense Details

Total Amount Claimed

Supporting Documents

Death Certificate (attach or indicate submitted)

Funeral Invoice/Receipt (attach or indicate submitted)

Other Documents

Declaration & Signature

Signature

Date