

Life Insurance Funeral Expense Claim Form

Policy Holder Details

Policy Number

Policy Holder Name

Date of Birth

Address

Deceased Details

Name of Deceased

Date of Birth

Date of Death

Place of Death

Claimant Details

Claimant Name

Relationship to Deceased

Contact Number

Address

Funeral Expense Details

Total Expense Amount

Service Provider Name

Date of Funeral

Declaration

Declaration / Additional Notes