

Burial Insurance Death Benefit Claim Form

Deceased Information

Full Name

Date of Birth

Date of Death

Policy Number

Last Address

Claimant Information

Full Name

Relationship to Deceased

Address

Phone Number

Email

Funeral Details

Funeral Home Name

Funeral Date

Attachments

Death Certificate

Choose File

No file selected

Insurance Policy Document

Choose File

No file selected

Other Documents

Choose File

No file selected

Declaration

I declare that the information provided is true and correct to the best of my knowledge.

☐

Signature

Date