

# Funeral Costs Documentation

## Deceased Person Details

Full Name	
Date of Birth	
Date of Death	
Policy Number	

## Claimant Details

Full Name	
Relationship to Deceased	
Contact Number	
Email	
Address	

## Funeral Service Provider

Company Name	
Contact Person	
Contact Number	
Address	

## Funeral Costs Breakdown

Description	Cost
Coffin/Casket	
Funeral Service	
Burial/Cremation Fees	
Transport	
Other Expenses	
Total	

## Supporting Documents

- Invoice(s) from service provider(s)
- Death certificate
- Proof of payment

Signature of Claimant

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Date:

Received By (Insurer)

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Date: