South Carolina Attorney General's Office South Carolina Crime Victim Services Division Department of Crime Victim Compensation (DCVC)



Form to be completed by Funeral Personnel ONLY

Funeral Bill Case Status Form							
BUSINESS NAME		ADDRESS		PHONE NUMBER		TAX ID NUMBE R	
Decedent'sName:DOB							_
Person who signed the item	nized fune	eral bill/contract/	_				
Beginning Balance of the Bill:							_
Current Balance of the Bill:							_
Is Life Insurance Pending?							
Has Life Insurance Been Applied to the Account?							
Who is the Beneficiary(ies)?							
Please list all paying parties and their contact information, dollar amount, and method of payment below:							
NAME	A	DDRESS	PHONE NUMBER		DOLLAR MOUNT		DATE OF PAYMENT
(Please attach a copy of the itemized funeral bill/contract)							
5							
Print Name and Title of Per	son Com	pleting this Form	1				
Date							

Department of Crime Victim Compensation (DCVC)

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