



**Form to be completed by Funeral Personnel ONLY**

# Funeral Bill Case Status Form

BUSINESS NAME	ADDRESS	PHONE NUMBER	TAX ID NUMBER

Decedent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Person who signed the itemized funeral bill/contract/"Billing To" Person:  
 \_\_\_\_\_

Beginning Balance of the Bill: \_\_\_\_\_

Current Balance of the Bill: \_\_\_\_\_

Is Life Insurance Pending? \_\_\_\_\_

Has Life Insurance Been Applied to the Account? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Who is the Beneficiary(ies)? \_\_\_\_\_

Please list all paying parties and their contact information, dollar amount, and method of payment below:

NAME	ADDRESS	PHONE NUMBER	DOLLAR AMOUNT		DATE OF PAYMENT

(Please attach a copy of the itemized funeral bill/contract)

\_\_\_\_\_  
 Print Name and Title of Person Completing this Form

\_\_\_\_\_  
 Date