



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	METHOD OF PAYMENT	DATE OF PAYMENT

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

 Print Name and Title of Person Completing this Form

 Date

