

# Funeral Expense Benefit Claim Form

Deceased's Information

Full Name:

Date of Birth:

Date of Death:

Social Security Number:

Claimant's Information

Full Name:

Relationship to Deceased:

Address:

Phone Number:

Funeral Expense Information

Funeral Home Name:

Total Expense Amount:

Upload Receipts:

Choose File

No file selected

Declaration

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature:

Date:

Submit Claim