

# Claim for Burial Costs

Deceased Information

Full Name:

Date of Death:

Place of Death:

Claimant Information

Full Name:

Relationship to Deceased:

Contact Number:

Burial Expense Details

Amount Claimed:

Description:

Date of Burial:

Supporting Documents

Death Certificate:

Choose File

No file selected

Receipts for Expenses:

Choose File

No file selected

Submit Claim