

O. (888) 866.6083 | F. (954) 874.2474 | Claims@FuneralFundingCenter.com | PO Box 7070 | Rainbow City, AL 35906

Firm Name: _____ Phone #: _____ Contact: _____

Deceased: _____ DOD: _____ DOB: _____

Social Security #: _____ Cause of death: () Natural () Accidental () Suicide () Homicide () Pending

Deceased Died: () Local Hospital/Hospice () At Home () Out of Town Hospital () Other _____

Assignment Amount: \$ _____ Date of Service: _____ () Burial () Cremation () Ship In/Out

Marital Status: () M () D () W () NM # of Surviving Children: _____ Has Firm called Insurance Company? () Yes () No

If group policy, who is the employer? _____ Phone #: _____ Contact: _____

Employment status of the decedent: () active () retired () out on disability () dependent of an employee

Will there be another firm submitting an assignment on this policy? () Yes () No () Unknown Amount: \$ _____

If so, who? _____

Additional Comments: _____

| | | | | |
|-----------------------|----------------|----------------|----------------|----------------|
| Insurance Company | | | | |
| Policy Number | | | | |
| Have Original Policy? | () Yes () No | () Yes () No | () Yes () No | () Yes () No |
| Issue Date | | | | |
| Face Amount | | | | |
| Beneficiary(s) | | | | |
| Relationship | | | | |