



## 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

**Department of Crime Victim Compensation (DCVC)**

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