### Funeral Bill Case Status Form

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>TAX ID NUMBER</th>
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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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>DOLLAR AMOUNT</th>
<th>METHOD OF PAYMENT</th>
<th>DATE OF PAYMENT</th>
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</thead>
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(Please attach a copy of the itemized funeral bill/contract)

Print Name and Title of Person Completing this Form

______________________________

Date

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Department of Crime Victim Compensation (DCVC)
Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201
Telephone 803-734-1900  Facsimile 803-734-4022

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