South Carolina Attorney General's Office South Carolina Crime Victim Services Division Department of Crime Victim Compensation (DCVC)



Form to be completed by Funeral Personnel ONLY

| Funeral Bill Case Status Form | | | | | | |
|--|--------------------------|-------------------|-------------------------|------------------------|--------------------|--|
| BUSINESS NAME | ADDR | ESS | PHONE NUMBI | ER TAX ID | TAX ID NUMBER | |
| | | | | | | |
| | | | | | | |
| Decedent's Name: | | | DOB _ | | | |
| Person who signed the itemized funer | al bill/contract/"Billin | ng To" Person: | | | | |
| Beginning Balance of the Bill: | | | | | _ | |
| Current Balance of the Bill: | | | | | _ | |
| Is Life Insurance Pending? | | | | | | |
| Has Life Insurance Been Applied to the | ne Account? | If so, how | much? | | | |
| Who is the Beneficiary(ies)? | | | | | _ | |
| Please list all paying partic | es and their contact | information, doll | ar amount, and me | thod of payment b | elow: | |
| NAME | ADDRESS | PHONE NUMBER | DOLLAR AMOUNT | METHOD OF PAYMENT | DATE OF PAYMENT | |
| | | NUMBER | AMOUNT | TATMENT | TATMENT | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (Pleas | se attach a copy of the | e itemized funeral bil | ll/contract) | |
| Print Name and Title of Person Comp | leting this Form | | | | | |
| | | | | | | |
| Date | | | | | | |

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