

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201

Fax#: 803.734.4022

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/Beneficiaries? _____

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

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1205 Pendleton St., Brown Bldg., Room 401
Columbia, SC 29201
Business Line: 803.734.1900
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