



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
200 East Gaines Street
Tallahassee, FL 32399- 0361

LETTER OF CREDIT/SURETY BOND
CLAIM FORM

Name of Claimant(s): _____

Name of Descendent if Different from Claimant: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Name and License Number of Cemetery Company Claim is Against: _____

Address: _____

City _____, State _____ Zip _____

Amount of Claim \$ _____

Attach a narrative giving dates and times claimant attempted to have the cemetery deliver the merchandise or perform the service.

Attach a copy of the preneed license contract for merchandise or services which are the subject of the claim.

Attach documentation evidencing the claimant's or descendent's payment for the merchandise or services (canceled checks, etc.).

The undersigned claimant being first fully sworn, deposes and says: That claimant is the sole owner or a relative of descendent of said claim.

 Signature of Claimant

 Signature of Co-Claimant

For Official Use Only

Date Letter of Credit was in Force _____

Date Surety Bond was in Force _____

Amount of Claim Approved \$ _____

Claim Approved by _____

Date _____