



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

**PRENEED FUNERAL CONTRACT CONSUMER PROTECTION TRUST FUND
 PROOF OF CLAIM AND DISBURSEMENT REQUEST**

Name and Address of Funeral Home, Cemetery or Direct Disposer:

 Name of Contract Beneficiary: _____

Address of Contract Beneficiary: _____

Contract Information: Total Purchase Price: \$ _____

Total Payments Made: \$ _____

Amount of Refund Request: \$ _____

Reason for Refund Request: _____

Do you know if the monies paid to the firm were deposited into a trust or other type of bank account?

YES ___ NO _____ If YES, which bank? _____

I hereby certify that the above information is true and correct to the best of my knowledge, information and belief.

 Signature

 Address

 Print or Type Name and Date Signed

 Telephone Number

 Relationship to Contract Beneficiary

Pursuant to Rule 69K-10.002, you must submit a complete copy of the preneed contract purchased, supporting documents for all payments made on the contract, and any additional correspondence you may have in regard to your request.

Return to: Department of Financial Services
 200 E. Gaines Street
 Tallahassee, FL 32399-0361

Claimant's Social Security No.:
