



**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 \_\_\_\_\_