



PO BOX 31  
Norwood, NJ 07648-0031  
T: (201) 750-1117 F: (201) 750-1142

**Case Start-up**

Funeral Home Name: \_\_\_\_\_

Funeral Home Informant Name: \_\_\_\_\_

FH Telephone #: \_\_\_\_\_ FH Fax #: \_\_\_\_\_

Has death been reported to Ins Co? Yes  No  Date Services are scheduled for: \_\_\_\_\_

**Information About Deceased**

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Marital Status: Married  Separated  Widow  Divorced  Never Married

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cause of Death: Natural  Homicide  Suicide  Accident  Coroner Case/Pending DC

**Insurance Policy Information**

Insurance Company #1: \_\_\_\_\_

Individual Policy Number(s): \_\_\_\_\_

Total Amount Assigned: \_\_\_\_\_

Beneficiary Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary Telephone #: \_\_\_\_\_

**Group Policy**

Employer Name: \_\_\_\_\_

Group Policy Number(s): \_\_\_\_\_

Address Of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

HR Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Beneficiary Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Notes**

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