



Date: \_\_\_\_\_  
Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Burial Claim Number: \_\_\_\_\_

### Funeral Director's Affidavit

Your compliance with this request will facilitate a prompt determination for your claim.

STATE OF NEW YORK )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says  
(Name)

- I am the \_\_\_\_\_  
(Insert whether Owner or Officer, if a Corporation)  
of \_\_\_\_\_  
(Name of Company)  
which handled the burial of \_\_\_\_\_  
(Name of Deceased)  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at the agreed price of  
\$ \_\_\_\_\_ which price includes all charges and cash outlays, paid or to be paid, and incurred for the  
complete burial of the deceased.
- That the only payment received on account thereof is \$ \_\_\_\_\_  
from \_\_\_\_\_  
(Name and Address)  
on \_\_\_\_\_ 20 \_\_\_\_\_.
- That there is still due the sum of \$ \_\_\_\_\_ for this burial.
- That \$ \_\_\_\_\_ has been deposited in escrow or as collateral for full or partial payment.  
(If None, State "None")
- That no receipt has been issued for payment in connection with the above burial except as follows:  
\_\_\_\_\_  
(If None, State "No Exception")

\_\_\_\_\_  
Funeral Director

Sworn to before me on the \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds