LINK
Funeral Funding

www.linkfuneralfunding.com
888-995-4952 – main
713-588-2093 - fax

5433 Westheimer Road, Suite 700
Houston, Texas
77056

Funeral Home: _____ **Location:** _____

Contact: _____ **Phone:** _____

DECEDENT INFORMATION

Name: _____ **SS#:** _____

DOB: _____ **DOD:** _____

Address: _____

Marital Status: ____ **Married** _____**Divorced** _____ **Widowed** _____ **Never Married**

If Widowed/divorced, name(s) and date(s) of birth for surviving children and/or legal next-of-kin:

_____ _____

_____ _____

Manner of Death: ____ **Natural** ____ **Accident** ____ **Homicide** ____ **Suicide** _____ **Pending**

INSURANCE INFORMATION

Name of Insurance Company: _____ **Phone:** _____

Policy Type: _____ **Life** _____ **Annuity** _____ **Pre-Need** _____ **Group** **Policy #:** _____

Beneficiary: _____ **Phone:** _____

If GROUP, please complete the following:

Name of Employer: _____ ***HR Phone:*** _____

Deceased is: ____ ***Employee*** _____***Spouse*** _____***Dependent***

Is another funeral home/cemetery taking assignment on the policies listed above? If yes,
Funeral Home/Cemetery: _____ **Phone:** _____

FUNDING CALCULATION

Section 1:

Funeral home contract total: $_____ + *Additional funds requested by family:* $_____

Assigned funds request total: ***$***_____

Section 2:

Section 1 total: **$**_____ **x** *Funding fee:* _____**%**

Funding fee total: ***$*** _____

Section 3:

Section 1 total: $ _____ - *Section 2 total:* $ _____

Total amount funded to funeral home: ***$*** _____

By signing below, I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that any false information may disqualify the assignment.

Beneficiary: _____ **Date:** _____

Funeral Home Representative: _____ **Date:** _____