

## CVR CLAIM FORM FOR FUNERAL/BURIAL EXPENSE VERIFICATION

**THIS FORM IS TO BE COMPLETED BY THE FUNERAL OR BURIAL SERVICE PROVIDER**

CVR NUMBER: \_\_\_\_\_  
 VICTIM: \_\_\_\_\_  
 CLAIMANT: \_\_\_\_\_  
 VICTIM SSN: \_\_\_\_\_  
 DATE OF CRIME: \_\_\_\_\_  
 CLAIM INVESTIGATOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**CLAIMANT INSTRUCTIONS:**

- 1) Complete boxes on left.
- 2) Send the completed form, along with the itemized funeral bill, to your claim investigator.

**FUNERAL/BURIAL PROVIDER INSTRUCTIONS:**

A claim for funeral/burial expenses has been made under the Louisiana Crime Victims Reparations act at LA R.S. 46:1801-1822 on behalf of the above-named victim.

- 1) Please complete this form, attach the itemized invoice to it and return to the claimant (or the claim investigator).
- 2) Do not send form or bills directly to the CVR Board unless requested.
- 3) The Louisiana Crime Victims Reparations Board does not act as guarantor for any services rendered.

Date of Funeral/Burial: \_\_\_\_\_

According to your records, who is responsible for Funeral/Burial Expense? \_\_\_\_\_

**THE CRIME VICTIMS REPARATIONS BOARD CANNOT BE LISTED AS THE RESPONSIBLE PARTY OR GUARANTOR ON THE BILL.**

<p style="text-align: center;">Funeral/Burial Expense</p> <p>Total Cost        \$ _____</p> <p>Insurance Payment _____</p> <p>Claimant Payment _____</p> <p>Donations        _____</p> <p>Other Payments    _____ (Explain on Back)</p> <p>Current Balance    \$ _____</p>	<p>Name, Address &amp; Phone Number of Insurance Company:</p> <p>_____</p> <p>_____</p> <p>Phone Number: (____) _____ Fax Number: (____) _____</p> <p>Policy Number: _____</p> <p>Group Number: _____</p> <p><b>Name of Beneficiary:</b> _____</p> <p>Address and Phone Number of Beneficiary:</p> <p>_____</p> <p>_____</p> <p><b>Is this a dedicated burial policy:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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Name of Funeral Home or Burial Provider \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed or Typed Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_