DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

SURETY BOND CLAIM FORM

Under Section 497.462, F.S., this form is to be used for a buyer of preneed merchandise or services who does not receive such services or merchandise due to the economic failure, closing, or bankruptcy of the preneed licensee which has submitted a surety bond to the Department.

Section 1. CLAIMANT INFORMATION

Name of Claimant(s): _____

Name of Descendant if Different from Claimant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Section 2. CLAIM INFORMATION

Provide the following for the Cemetery Company the claim is against:

Name: _____

License Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Claim: $ _____

Attach a narrative with dates and times the claimant attempted to have the cemetery deliver the merchandise or perform the service. ☐ Attached ☐ Not Attached

Attach a copy of the preneed license contract for merchandise or services which are the subject of the claim. ☐ Attached ☐ Not Attached

Attach documentation evidencing the claimant's or descendant's payment for the merchandise or services. ☐ Attached ☐ Not Attached

Section 3. SIGNATURE	
Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. By signing below, I attest that I have read the foregoing application and the facts stated in it are true to the best of my knowledge and belief.	
_____ Signature of Claimant	_____ Date Signed
_____ Signature of Co-Claimant	_____ Date Signed

FOR OFFICE USE ONLY

Date Letter of Credit was in Force: _____

Date Surety Bond was in Force: _____

Amount of Claim Approved: $ _____

Claim Approved By: _____

Date: _____