

## Funeral Purchase Assignment Submission Worksheet

### CCFC/Referral Representative Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Client Information

Name of funeral home \_\_\_\_\_  
Name of owner(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
How long has it been in business? \_\_\_\_\_

*List three business references.*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

*List two funeral references.*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

### Assignment Information

Total amount of assignment \_\_\_\_\_  
Name of insurance company that issued the policy \_\_\_\_\_

### Client's Need

Does client wish to sell FPAs on a regular basis? \_\_\_\_\_

*Please attach copies of (1) the original death certificate, (2) the insurance policy, and (3) the funeral bill.*

/funeral