



MFDA Services, Inc.

Please fax all claims to: ASI at 1-800-469-0702

MFDA Preneed Trust
Death Claim

Funeral Home: _____

Funeral Home No. _____

City: _____

Phone: _____

Fax: _____

Name of Deceased _____ **Certificate Number** _____

Date of Death _____ **Date Services Performed** _____

Proof of Death

Draft Copy of Death Certificate Obituary from Newspaper* Online Newspaper Obituary*

***Note: Copy of Obituary from Newspaper or Online Newspaper Obituary must include Newspaper Name and Date of Publication. During Holidays claim processing maybe delayed.**

I certify that services have been performed according to the terms of the contract(s).

Please Type or Print Name of Person Making Claim
Funeral Home Representative

Signature of Person Making Claim
Funeral Home Representative

Date of Claim _____

Form No. 101/Rev. 01/23