

	FUNERAL EXPENSES	
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Name And Address Of Funeral Home	Telephone Number Of Funeral Home	Tax ID No.
	Total Funeral Expenses \$	Amount Paid \$
		Balance Due \$

Persons Who Paid Any Part Of Funeral Expenses (Name, Address, and Amount Paid - provide documentation)

Name	Address	Amount
		\$
		\$
		\$
		\$
TOTAL ▶		\$

NOTE TO APPLICANT: An heir, creditor, or person paying any part of the funeral expenses may complete and file form AOC-G-120 in order to make certification as to that person's identity (including Tax ID/Social Security number) and to provide notice of deposit on a form that is not to be placed in the public file.

	OTHER DEBTS	
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Name, Address, And Tax ID Number Of Creditors

Name	Address	Tax ID No.	Amount
			\$
			\$
			\$
			\$
TOTAL ▶			\$

	APPLICANT'S SIGNATURE	
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I agree that the information in this filing is true to the best of my knowledge, information, or belief. I understand that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date	Signature Of Applicant
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NOTE TO CLERK: Use AOC-E-431 to authorize payment of funds to the clerk.