

Application Form Compensation Fund Claim

Date of claim submission	
Claimant's Full Name	
Address	
City/Province	Postal Code
Phone number Alte	rnate phone number
Email address	
Is the person making the claim different than the purc	chaser listed on the contract? Yes No
If this claim is not being made by the purchaser, are y purchaser? Yes No State your relationship to the	•
Pre-need funeral services contract entered into with _	
	Funeral Services Business Name
Total amount paid in respect of the pre-need contract	t \$
Amount of the loss suffered in relation to the pre-nee	d contract \$ (This amount is only to include the amount shown on the contract that has not been fulfilled)
Provide the details of the loss (attach additional page	s if required)

Attach the following documentation to this application

- ✓ Copy of the funeral services contract
- ✓ Proof of payment for the funeral services contract
- ✓ Copies of any correspondence with the funeral services business in regard to this claim.
- ✓ Copy of the confirmation that a demand to be reimbursed has been requested of the funeral services business
- ✓ Any additional information relevant to your claim

Declaration

I confirm that the information supplied is complete and true to the best of my knowledge and belief.

I understand that the Alberta Funeral Services Regulatory Board to which I am applying reserves the right to verify any documentation submitted with this application.

I understand that the decision of the Alberta Funeral Services Regulatory Board to pay or not to pay an amount to a claimant from the Compensation Fund is final.

Claimant's signature	

Return this application and supporting documentation to:

The Alberta Funeral Services Regulatory Board 180, 2755 Broadmoor Blvd Sherwood Park, AB T8H 2W7

By fax at: 780-452-6085

Or

By email at: office@afsrb.ab.ca