



Illinois Life and Health Insurance Guaranty Association
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www.ilhiga.org

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fax. 773.304.3559
ILClaims@illinoisga.org

ILLINOIS LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION

VERIFIED STATEMENT OF PERFORMANCE

_____ Funeral Home hereby verifies and certifies that with respect to the prearranged funeral contract entered with _____ account number _____, as follows:

1. That all services and merchandise have been performed and provided in the prearranged funeral contract.
2. Attached is a copy of the death certificate of said contract purchaser.
3. If applicable, purchaser or a successor has paid or has agreed to pay Funeral Home the balance due, if any, which was due on the prearranged funeral contract at the date of death.

We request the funds be released to: _____.

The above statements are hereby verified before the witness by the above named funeral home.

Date

Funeral Home

Print Next of Kin Name

Print Funeral Director's Name

Next of Kin Signature

Funeral Director's Signature

Fax: 773-304-3559 or Email: ILClaims@illinoisga.org

www.ILHIGA.org

Please contact Customer Service at **773-444-4071** if you have any questions about this information.