

Funeral Billing Statement

Funeral Home Name

Address: [Street Address, City, State, Zip Code]

Phone: [Phone Number] | Email: [Email Address] | Website: [Website URL]

Billing Statement No: [Unique Statement Number]

Date of Issue: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

1. Customer Information

Name of Deceased: [Full Name]

Family Representative: [Name of Family Representative]

Customer ID: [Unique Customer ID]

Address: [Customer Address]

Phone: [Customer Phone Number]

Email: [Customer Email]

2. Statement Summary

Description	Invoice Number	Invoice Date	Due Date	Amount	Payments	Balance Due
Funeral Service Package	[INV-001]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]
Casket / Urn	[INV-002]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]
Cremation Services	[INV-003]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]

Memorial Service Fees	[INV-004]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]
Burial Plot / Grave Fee	[INV-005]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]
Additional Services (e.g., floral arrangements)	[INV-006]	[MM/DD/YYYY]	[MM/DD/YYYY]	[\$Amount]	[\$Payment]	[\$Balance]
Total				[\$Total]	[\$Total]	[\$Total]

3. Payment Details

Total Amount Due: [\$Total Amount Due]

Payment Due Date: [MM/DD/YYYY]

Payment Methods:

- Bank Transfer: [Bank Name, Account Number, SWIFT/BIC]
- Online Payment Link: [Payment URL]
- Other Payment Methods: [Specify if applicable]

4. Terms and Conditions

1. Payments must be received by the due date to avoid any late fees.
2. Any unpaid balance after [X days] will incur a late fee of [X%] per month.
3. Refunds, if applicable, will be processed as per our refund policy.
4. If you have questions regarding this billing statement, please contact us at [Phone Number] or [Email Address]

5. Notes and Remarks

- "Thank you for trusting us during this difficult time. Our team is here to support you in every way possible."
- [Any other important instructions, special remarks, or notes related to payments or services.]

6. Footer (Optional)

Funeral Home Name | Address: [Street Address] | Phone: [Phone Number] | Email:
[Email Address]