

# Murray Funeral Home

5635 Eads Street NE  
Washington, D.C. 20019  
202-545-9000 Fax: 202-545-1700  
Website: [www.murrayfuneral.com](http://www.murrayfuneral.com)  
E-mail: [info@murrayfuneral.com](mailto:info@murrayfuneral.com)

I, \_\_\_\_\_, being entitled to receive benefits

under Policy Number \_\_\_\_\_

issued by \_\_\_\_\_  
(INSURANCE COMPANY)

on the life of \_\_\_\_\_, now

deceased, and having contracted with and being indebted to MURRAY FUNERAL HOME  
(FUNERAL HOME)

of WASHINGTON, DC 20019 for funeral services and merchandise for the deceased in the amount  
( CITY-STATE)

of \_\_\_\_\_ out of the proceeds of said Insurance Policy; and I hereby authorize and direct said Insurance Company to make its check payable to said Funeral Home for the assigned amount and to pay the remainder of the proceeds of said Insurance Policy, if any, to me. A statement of charges for funeral expenses for the deceased is attached hereto.

\_\_\_\_\_ (SEAL)

\_\_\_\_\_ (BENEFICIARY)

Address \_\_\_\_\_

Date Signed \_\_\_\_\_

Sworn and subscribed before me

the \_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My commission expires: \_\_\_\_\_