

IDENTIFICATION OF THE DECEASED

This form is to be accomplished by a competent person acquainted with the deceased and fully aware of his /her death but not interested in the claim.

1. Full Name of the Deceased:			
2. Deceased's residence at death			
3. Occupation at death			
4. Date of birth		Place of birth	
5. Place of death			
6. Date of death		Time of Death	
7. Cause of death			
8. Place of interment			
9. Date of interment			
10. How long have you known the deceased?			
11. Have you seen the corpse of the deceased?			
12. a. Was it the corpse of the person insured?			
b. Please give basis of your answer			
13. Are you in any way related to the deceased? If so, state particulars.			
14. Have you any interest in the claim?			

FRAUD WARNING

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

These above statements are true and correct to the best of my knowledge and belief.

Name in Print

Signature of Identifying Person

Occupation

Address

SIGNED IN THE PRESENCE OF:

Name in Print

Signature of Witness

Occupation

Address