

IDENTIFICATION OF THE DECEASED

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

1. Deceased's name in full _____
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? _____
 - a.) Was it the corpse of the person insured? _____
 - b.) Please give basis for your answer _____
12. Are you in any way related to the deceased? If so, state particulars. _____
13. Have you any interest in the claim? _____
14. Your date of birth _____
15. How long have you resided at your present address? _____

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

Dated at _____ this _____ day of _____, 20 _____.

 Signature of identifying person

 Name in print of identifying person

 Occupation

 Address

SIGNED IN THE PRESENCE OF:

 Signature of witness

 Name in print of witness

 Occupation

 Address