



**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