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## **DECEASED NOTIFICATION FORM**

**Deceased (Name)** \_\_\_\_\_

**Who Resided At (Address)** \_\_\_\_\_

**Birth Date of the Deceased was** \_\_\_\_\_

**Passed away on (Date)** \_\_\_\_\_

I, the undersigned, hereby certify that the above information is true and correct and understand that this form will be accepted for all purposes as the equivalent of an affidavit, and if it contains wrong information, shall subject me to the same penalties as if I had been duly sworn.

**Again, please accept our condolences for your loss.**

**Signature of Relative:** \_\_\_\_\_

**Relationship to the deceased:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*Upon completion please mail back to our office at the above address\*\*\***