

Full name of Deceased.

How long have you known the Deceased?

Where had the Deceased resided during your acquaintance?

What was the occupation of the Deceased during the past five years?

Date of Birth of Deceased.

Cause of Death of the Deceased.

Date and Place of Death.

Did you view the body after Death?

Do you know the Deceased to be the person whose life is insured in the policy of insurance upon which the claim is based?

Date and Place of Burial.

What is your age and occupation?

How long have you resided at your present address?

Are you a relative of the Deceased?

Are you in any way directly or indirectly interested in the proceeds of any insurance on the life of the Deceased?

Print Name: -

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

On This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Address: \_\_\_\_\_

Personally appeared to me the above named who is known to me and who subscribed the foregoing before me and made oath that the foregoing answers are each and all complete and true.

\_\_\_\_\_  
\_\_\_\_\_