

## **No. 3 Identification Statement**

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**This statement must be executed by some responsible person of legal age acquainted with the deceased, cognizant of his or her death neither a relative nor one interested in the claim in any way.**

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1.	Name of the deceased in full Father's name of the deceased	
2.	How long had you know deceased?	
3.	Where had deceased resided during your acquaintance?	
4.	What have deceased's several occupations been during the past 5 years?	
5.	a) Date of birth of deceased b) Cause of death of deceased	
6.	Date and Place of death	
7.	Did you view the body after death?	
8.	Do you know the deceased to be the person whose life was insured in the policy of insurance upon which the claim is based?	
9.	Date and Place of Burial/Cremation	
10.	a) What is your age and occupation? b) How long have you been residing at your present address?	
11.	a) Are you a relative of the deceased b) Are you in any way directly or indirectly interested in the proceeds of any insurance in the life of the deceased?	
12.	Do you know the claimant? If related, state relationship to claimant?	
13.	What is claimant's relationship to the deceased?	

I \_\_\_\_\_ S/o. \_\_\_\_\_

Do hereby solemnly declare that my above statements are true, to the best of my knowledge and belief, and nothing therein is false.

Date \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

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

On this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ personally appeared before me the above named \_\_\_\_\_ who is known to me and who subscribed the forgoing before me and made an oath that the foregoing answers are each and all complete and true.

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

(office seal)

(This statement must be sworn to before an officer authorized by law to administer oaths)