



## IDENTIFICATION OF THE DECEASED

This form is to be accomplished by a competent person 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?	
12. a. Was it the corpse of the person insured? b. Please give basis of your answer.	
13. Are you in any way related to the deceased? If so, state particulars.	
14. Have you any interest in the claim?	

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

\_\_\_\_\_  
Name in Print

\_\_\_\_\_  
Signature of Identifying Person

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Address

**SIGNED IN THE PRESENCE OF:**

\_\_\_\_\_  
Name in Print

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Address