

Affidavit of Surviving Children



State of: _____ County of: _____

I, the undersigned, _____, being first duly sworn on oath, depose and say that _____ died on _____, and at the time of his/her death he/she was survived by the following children.

| Name | Address | Social Security Number | Birthdate (mm/dd/yyyy) |
|------|---------|------------------------|------------------------|
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In witness whereof, I have hereunto set my hand at _____ (City) _____ (State) this _____ day of _____.

| | |
|--|---------------|
| Affiant's Signature | Phone Number: |
| Address (Street Address, City, State, ZIP) | |

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public My Commission Expires _____

This form should be completed and returned to the Claims Department along with the other claim documents.

