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)

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 _____, ____

My Commission Expires

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



0-2794

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