



AFFIDAVIT OF SURVIVING CHILDREN

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

Name	Address	Social Security Number	Birthdate

In witness whereof, I have hereunto set my hand at _____,
(City)

_____, this _____ day of _____,
(State)

Affiant's Signature	Street Address
City, State, Zip	Telephone Number with Area Code

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.