



Next of Kin Verification

I, _____ hereby verify that I am the next of kin
_____, to _____ DOB _____ and that
(Nature of Relationship) (Deceased Individual)

there is no legally authorized executor or administrator of the Deceased Individual's estate, nor any other person who is legally authorized to act on the behalf of the Deceased Individual or his estate.

I verify that the statements made in this document are true and correct to the best of my knowledge, information and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsifications to authorities.

Printed Name

Signature

Date

Witness Printed Name

Witness Signature

Date

Death Certificate must accompany this form.