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DOUGLAS A. COLETY
Commissioner
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DOROTHY L. DIPALO
Deputy Commissioner

DECEASED NOTIFICATION FORM

Deceased (Name) _____

Who Resided At (Address) _____

Birth Date of the Deceased was _____

Passed away on (Date) _____

I, the undersigned, hereby certify that the above information is true and correct and understand that this form will be accepted for all purposes as the equivalent of an affidavit, and if it contains wrong information, shall subject me to the same penalties as if I had been duly sworn.

Again, please accept our condolences for your loss.

Signature of Relative: _____

Relationship to the deceased: _____

Date: _____

*****Upon completion please mail back to our office at the above address*****