

Affidavit of Death Certificate Form

State of _____

County of _____

I, **[Your Full Name]**, of legal age, residing at **[Your Address]**, make this affidavit to confirm the death of **[Deceased's Name]** for purposes of obtaining or using the death certificate.

1. Affiant Information:

Full Name: _____

Address: _____

Contact Number: _____

2. Deceased Information:

Full Name: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

3. Purpose of This Affidavit:

The purpose of this affidavit is to verify the death and obtain or use the death certificate for legal and administrative matters.

4. Relationship to the Deceased:

I am the **[relation to deceased]** of the deceased.

5. Reason for Requesting Death Certificate:

Legal purposes (e.g., property, will, probate)

Financial matters (e.g., insurance, banking)

Personal records

Other: _____

6. Declaration:

I solemnly affirm that the information in this affidavit is true and correct to the best of my knowledge.

Signature of Affiant: _____

Date: _____

Notary Public:

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature: _____

Seal: _____