

Legal Heir Statement of Claim Form

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Email Address: _____

Relationship to Deceased: _____

Deceased Information

Full Name: _____

Date of Birth: _____

Date of Death: _____

Last Known Address: _____

Contact Number (if applicable): _____

Details of Claim

Claim Type: Property Financial Assets Insurance Other:

Description of the Asset(s): _____

Location of the Asset(s): _____

Estimated Value of the Claim: _____

List of Legal Heirs

- Name: _____
Relationship: _____
Address: _____
Contact Number: _____
- Name: _____
Relationship: _____

Address: _____

Contact Number: _____

Supporting Documents Attached

Death Certificate of Deceased

Identity Proof of Applicant

Proof of Relationship to Deceased

Ownership Proof of Assets (if applicable)

Other: _____

Declaration

I, _____, hereby declare that I am a legal heir of the deceased mentioned above and that the information provided in this form is accurate and true to the best of my knowledge. I understand that submitting false information may result in legal consequences.

Applicant's Signature

Signature: _____

Date: _____

For Office Use Only

Application Verified By: _____

Designation: _____

Remarks: _____

Date: _____