



CLIMBS Life and General Insurance Cooperative



IDENTIFICATION

POLICY NO. _____

This form is to be accomplished by a competent person acquainted with the deceased, fully aware of his/her death, but not interested in the claim.

1. (a) Deceased's full name _____
 (b) Res. Address at the time of death _____
 (c) Occupation at death _____
 (d) Place and date of birth _____

2. (a) Place of death _____
 (b) Date and time of death _____
 (c) Cause of death _____
 (d) Place of Interment _____
 (e) Date of Interment _____

3. (a) How long have you known the deceased? _____
 (b) Have you seen the cadaver of the deceased? _____
 (c) Was it the cadaver (body) of the person insured under the policy numbered above? _____
 If so, please give basis for you identification.

4. Do you guarantee that these statements are true and correct to the best of you knowledge and belief? _____

Dated at _____ this _____ day of _____, 20_____.

Signed in the presence of:

Witness

Address

Witness

Address

Name in Print & Signature

Occupation

Name in Print & Signature

Occupation

Accomplish 3 copies