





**PREVIOUS MARRIAGE (IF ANY)**

Name of Former Spouse: \_\_\_\_\_  
How marriage terminated: Death Date: \_\_\_\_\_ Divorce: \_\_\_\_\_  
Current address if living: \_\_\_\_\_  
\_\_\_\_\_

**CHILDREN**

Are there any children of the deceased: Yes \_\_\_\_\_ No \_\_\_\_\_

The deceased has the following **natural children** (include the deceased, if any)

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL INFORMATION.  
The deceased has the following **ADOPTED CHILDREN:**

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

**CHILDREN ADOPTED OUT**

The deceased has children who were adopted out: Yes \_\_\_\_\_ No \_\_\_\_\_

The deceased has the following who were adopted out of the family (include deceased) If adopted out, were Inheritance Rights continued: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**OTHER RELATIVES**

If the parents of the deceased are deceased, (natural or adoptive) and the deceased had no children, please provide the following information concerning other relatives such as: BROTHERS, SISTERS, NIECES, NEPHEWS, AUNTS OR UNCLAS **BY BLOOD AND NOT BY MARRIAGE.**

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Name: \_\_\_\_\_ if deceased, date of death: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to deceased

\_\_\_\_\_  
Contact number

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me \_\_\_\_\_, a Notary Public for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_ and made his/her oath and affirmation in due form of law that the matters and facts set forth in this affidavit are true.

As witness my hand and notarial seal.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires: \_\_\_\_\_