



8. Did the deceased have any children Yes \_\_\_ No \_\_\_ (If no, proceed to Section II)

9. The deceased had the following children: (Include children that were adopted and children adopted to another family)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Degree of Native Blood: \_\_\_\_ If deceased, date of death: \_\_\_\_\_ Name(s) of children: \_\_\_\_\_

If adopted out, Names of adoptive Parents: \_\_\_\_\_

**SECTION II (FILL OUT THIS SECTION ONLY IF THE DECEASED WAS NOT MARRIED AND/OR DID NOT HAVE ANY CHILDREN.)** If the deceased was not married at the time of death and did not have any children, please provide the following information concerning the parents of the deceased:

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Degree of Native Blood: \_\_\_\_\_ Degree of Native Blood: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

If the parents of the deceased, whether natural or adoptive are deceased, please provide the following information concerning other relatives, living or deceased, natural or adopted, such as **brothers, sisters, nieces, nephews, aunts or uncles of the blood not by marriage.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased, did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased, did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased, did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased, did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased,  
did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of  
children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased,  
did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of  
children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased,  
did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of  
children: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ If deceased,  
did he/she leave a Last Will and Testament? Yes \_\_\_ No \_\_\_ Please list names of  
children: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

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

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_

\_\_\_\_\_

**Notary Public in and for the State of** \_\_\_\_\_

(seal)

**My Commission expires:** \_\_\_\_\_