Next of Kin Verification

I, ________________________________ hereby verify that I am the next of kin ___________________________ to _________________________ and that there is no legally authorized executor or administrator of the Deceased Individual’s estate, nor any other person who is legally authorized to act on the behalf of the Deceased Individual or his estate.

I verify that the statements made in this document are true and correct to the best of my knowledge, information and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsifications to authorities.

____________________________________
Printed Name

____________________________________    ___________________________
Signature                                     Date

____________________________________
Witness Printed Name

____________________________________    ___________________________
Witness Signature                                     Date

Death Certificate must accompany this form.