

Burial Insurance Beneficiary Statement Affidavit

Policy Information

Insurance Company Name

Policy Number

Deceased's Full Name

Date of Birth

Date of Death

Beneficiary Information

Beneficiary Full Name

Relationship to Deceased

Mailing Address

City

State

Zip Code

Phone Number

Email

Affidavit Statement

I, the undersigned, hereby certify that I am the designated beneficiary for the above-mentioned policy and that the information provided is complete and accurate to the best of my knowledge.

Beneficiary Signature

Date

Notary Public (if required)