

# Surviving Heirs Identity Declaration

## Deceased Information

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Last Residence: \_\_\_\_\_

## Declarant Information

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

Relationship to Deceased: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

## List of Surviving Heirs

| No. | Name | Date of Birth | Relationship to Deceased | Address |
|-----|------|---------------|--------------------------|---------|
| 1   |      |               |                          |         |
| 2   |      |               |                          |         |
| 3   |      |               |                          |         |

## Declaration

I hereby declare that the information above is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

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