



## CERTIFICATE OF IDENTITY

### Please answer every question

This statement must be made by a person intimately acquainted with the deceased and not interested in the claim.

1. Name in full of undersigned \_\_\_\_\_
2. ID No: \_\_\_\_\_ Cell Number \_\_\_\_\_
3. Postal address \_\_\_\_\_ Occupation \_\_\_\_\_
4. Name of deceased in full \_\_\_\_\_
5. What was the occupation of the deceased
  - a) At the time of death \_\_\_\_\_
  - b) Prior thereto \_\_\_\_\_
6. Place and date of death \_\_\_\_\_
7. Have you seen the remains and do you know the deceased to be the person whose life was insured under the policy of assurance upon which the claim is based \_\_\_\_\_
8. Have you any interest in the policy \_\_\_\_\_
9. State all the facts within your knowledge relating to the cause of death \_\_\_\_\_  
\_\_\_\_\_
10. Did it hasten death? \_\_\_\_\_

I \_\_\_\_\_ make oath and say that the foregoing statements are true in substance and in fact.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ Signature \_\_\_\_\_

Sworn before me at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

**Justice of Peace, magistrate, Notary Public or  
Commissioner of Oaths**

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