



Apollo Life... for a Better Life

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NO. 3 IDENTIFICATION STATEMENT

PROOF OF DEATH

This statement must be executed by some responsible person of legal age acquainted with the deceased, cognizant of his or her death, neither a relative nor one interested in the claim in any way.

1. Name of deceased in full and age	Name:..... Age:.....
2. How long had you known the deceased?
3. Date and place of death?	Date.....Place.....
4. State all the facts within your knowledge relating to the cause of death?
5. Date of birth of deceased? Cause of death of deceased?	Date.....
6. 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?	
7. Date and place of burial?	Date.....Place.....
8. a. What is your age and occupation? b. How long have you resided at present address?	a. Age..... Occupation..... b.
9. a. Are you a relative of the deceased? b. Are you, in any way, directly, or indirectly, interested in the proceeds of any insurance on the life of the deceased?	a. b.

DATE.....

SIGNATURE.....

*WITNESS.....

ADDRESS.....

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***This must be witnessed by an officer of the company or before an officer authorized by law to administer oaths.**