



# CLIMBS LIFE and GENERAL INSURANCE COOPERATIVE

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## IDENTIFICATION

POLICY NO. \_\_\_\_\_

This form is to be accomplished by a competent person acquainted with the deceased, fully aware of his/her death, but not interested in the claim.

1. (a) Deceased's full name \_\_\_\_\_  
 (b) Res. Address at the time of death \_\_\_\_\_  
 (c) Occupation at death \_\_\_\_\_  
 (d) Place and date of birth \_\_\_\_\_
  
2. (a) Place of death \_\_\_\_\_  
 (b) Date and time of death \_\_\_\_\_  
 (c) Cause of death \_\_\_\_\_  
 (d) Place of Interment \_\_\_\_\_  
 (e) Date of Interment \_\_\_\_\_
  
3. (a) How long have you known the deceased? \_\_\_\_\_  
 (b) Have you seen the cadaver of the deceased? \_\_\_\_\_  
 (c) Was it the cadaver (body) of the person insured under the policy numbered above? \_\_\_\_\_  
 If so, please give basis for you identification.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Do you guarantee that these statements are true and correct to the best of you knowledge and belief? \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name in Print & Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name in Print & Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

*Accomplish 3 copies*