

6. GIVE INFORMATION CONCERNING DESCENDANTS OF ANY DECEASED CHILD (WHETHER NATURAL OR ADOPTED). IF NO DESCENDANTS, SO STATE: _____

NAME OF DECEASED CHILD	DESCENDANTS NAME AND ADDRESS	DATE OF BIRTH	STATE IF LIVING OR DECEASED	DATE OF DEATH
			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	
			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	
			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	

7. GIVE NAMES AND REQUESTED INFORMATION FOR PARENTS, GRANDPARENTS, BROTHERS AND SISTERS.

NAME (IF NONE, PRINT "NONE")	Relationship to Decedent	Date of Death	MAILING ADDRESS	PARENT'S NAMES

State of _____)
 County/Parish of _____) ss

I, _____, of lawful age, being first duly sworn, upon my oath depose and say:

That I am familiar with the family of the presently named decedent and was personally well acquainted with the decedent during his/her lifetime, having known him/her for _____ years, and that I bear the relationship of _____.

I further represent that the above statements and information given are based upon my personal knowledge and are true and correct.

SIGNATURE

MAILING ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE NUMBER

Subscribed and sworn to before me this _____ day of _____, 20 _____.

(NOTARY AS WITNESS)

Expiration of Commission

(FOR NOTARY USE ONLY)

State of _____)
 County/Parish of _____) ss

This Instrument was acknowledged before me on _____ by _____
 Name of Person(s)

Signature of Notarial Officer

Title (and Rank)

(Seal)

My Commission Expires: _____