

AUTHORIZED RELATIVE CERTIFICATION

I, _____, certify that I am an authorized
(name of authorized relative)

relative of the deceased (_____).
(name of deceased)

(A certified copy of the death certificate must be attached.)

I certify to the best of my knowledge and belief that no executor or administrator has been appointed for the deceased's estate, that no agent was authorized to act for the deceased under a power of attorney for health care, and the deceased has not specifically objected to disclosure in writing.

I certify that there is no surviving spouse and my relationship to the deceased is (circle one):

1. An adult son or daughter of the deceased.
2. Either parent of the deceased.
3. An adult brother or sister of the deceased.

This certification is made under penalty of perjury.

Dated: _____

Print Authorized Relative's Name

Authorized Relative's Signature

Authorized Relative's Address