

Affidavit of surviving children



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Contract numbers(s)		
State of	County of	

I, the undersigned, _____, being first duly sworn on oath, depose and say that _____ died on _____, _____, and at the time of his/her death he/she was survived by the following children:

Name	Address	Social Security number	Birthdate

In witness whereof, I have hereunto set my hand at _____, _____, this _____ day of _____, _____.

Affiant's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Affiant's address (street, city, state, ZIP)	Phone number
<input type="text"/>	<input type="text"/>

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public
My commission expires
<input type="text"/>

Stamp/seal
<input type="text"/>

This form should be completed and returned to the **Claims department** along with the other claim documents.