

AFFIDAVIT OF KINSHIP

STATE OF NEW YORK)
COUNTY OF)ss.:

_____, residing at _____

_____, being duly sworn, deposes and says:

NAME OF DECEDENT

1. State your relationship to the decedent: _____

2. State the decedent's last residence: _____

3. Was the decedent married? _____
If yes, list how many times and to whom (if predeceased, list date of death): _____

4. Was the decedent divorced? _____
If yes, list how many times and to whom (if predeceased, list date of death): _____

5. Does the decedent have any living children (include any adopted or out of wedlock children)? _____
If any, list their names and ages: _____

6. If decedent has no living children, does he/she have living grandchildren (include any of adopted or out of wedlock children)? _____

If any, list their names and ages: _____

7a. Is the decedent's mother living? _____ If yes, give name: _____

7b. Is the decedent's father living? _____ If yes, give name: _____

8. If parents are not living, list all of decedent's living siblings: _____

9. If no parents or siblings are living, list any living grandparents: _____

10. If no parents, siblings, or grandparents are living, list all of decedent's living aunts and uncles: _____

I AM FULLY FAMILIAR WITH DECEDENT'S FAMILY AND THE ABOVE INFORMATION, AND KNOW THE INFORMATION TO BE FULL AND COMPLETE. UNDER THE PENALTIES OF PERJURY, I HEREBY SUBMIT THE ABOVE INFORMATION.

Signature

Print Name

Sworn to before me this _____

Day of _____, 20_____

Notary Public