

PARTICULARS REQUIRED BY THE ADMINISTRATOR-GENERAL

1. (a) Full name of the deceased :
- (b) Occupation of the deceased :
- (c) Last place of employment :
and address
- (d) Deceased's TRN :
- (e) Deceased's NIS # :

2. (a) Date of death :
- (b) Exact place of death :
- (c) Did the deceased die as a result of an accident? :
- (d) If so, state nature, date and place of accident :

3. Last fixed place of abode. If abroad also state last Jamaican address (Give District and Parish) :

4. Name and address of the person who paid funeral expenses :
- Will there be a claim for reimbursement?

5. Did the deceased leave a will? :
- If so, give the names and addresses of :
- (a) The person(s) in possession :
- (b) The Executor(s) :

6. State below the names, addresses and TRNs of relatives of the deceased who were alive at the date of death.

	Name	Date of Birth	Address	TRN
(a) Spouse				
(b) Sons				
(c) Daughters				
(d) Parents				
(e) Brothers				
(f) Sisters				
(g) Grandparents				
(h) Uncles				
(i) Aunts				

7. State below the names of the relatives of the deceased who died before the deceased.

	Name	Date of Death	Names, Ages and Address of their Children
(a) Spouse			
(b) Parents			
(c) Grandparents			
(d) Sons			
(e) Daughters			
(f) Brothers			
(g) Sisters			
(h) Uncles			
(i) Aunts			

8. Property left by the deceased:

(a) Personal Property (e.g. Bank A/C, Shares, Insurance Policy, Motor Vehicle, etc.)

Description	Estimated Value (as at date of death)	Name and Address of Person in Possession

(b) Real Property - Unimproved [vacant lot(s)]; Improved [with building(s)]

Description	Title Ref. (i.e. Volume & Folio #s)	Nearest Landmark (eg. Police Station, Church, Post Office, etc.)	Estimated Value (as at date of death)	Name and Address of Person in Possession

And I make this solemn declaration conscientiously believing the same to be true under and by virtue of the Voluntary Declarations Act.

Taken and acknowledged at _____

this _____ day of _____ 20 _____

before me:-

Justice of the Peace for the Parish of: _____

_____ Name of Declarant

_____ (Signature of Declarant)

_____ Address of Declarant

_____ Telephone # of Declarant

_____ E-mail address of Declarant