



Directors Life Assurance Company

9020 N. May, Suite 120, Oklahoma City, Oklahoma 73120

P.O. Box 20428, Oklahoma City, Oklahoma 73156

(405) 842-1234 or (800) 256-8003 FAX (405) 842-4998

FUNERAL DIRECTOR AFFIDAVIT OF DEATH STATEMENT

Decedent's Name _____

Decedent's Date of Death _____

Decedent's Date of Birth _____

Decedent's Social Security Number _____

Place where death occurred _____

Method of Disposition _____

Place of Disposition _____

Manner of Death _____ Natural _____ Homicide
_____ Suicide _____ Accident
_____ Pending Investigation
_____ Could not be Determined

Name and complete address
of Funeral Facility

Affidavit by Funeral Director

The Representative of the Funeral Home certifies the given information on the above listed decedent.

Signature of Funeral Home Director Date

Name of Funeral Home

On this _____ day of _____, 20_____ personally appeared before me the above named
_____ who is known to me and who subscribed the
foregoing statement before me and made oath that the foregoing answers are each and all complete and
true.

Notary Public: _____ My commission expires: _____

(SEAL)