

Central Laborers' Pension, Welfare & Annuity Funds
PO Box 1267 ♦ Jacksonville, IL 62651-1267
Phone 217/ 243-8521 or 800/ 252-6571



Affidavit in Support of Claim for Death Benefits

Please complete this form in the presence of a Notary Public, have the form notarized, and return it to the Fund Office.

The undersigned, being first duly sworn on oath, deposes and says:

- That _____ died on the _____ day of _____, _____.
- That at the time of his/her death said decedent left surviving the following named spouse _____, residing at _____.
- That at the time of decedent's death he/she left surviving the following *children* who were *dependent* upon him/her for support, maintenance or care:

Name

Date of Birth

Address

- That at the time of said decedent's death he/she left surviving the following *children* who were *not dependent* upon him/her for support, maintenance or care:

Name

Date of Birth

Address

- That at the time of decedent's death he/she left surviving the following *parent(s)*:

Name

Address

Social Security Number

- That at the time of decedent's death he/she left surviving the following *brothers/sisters*:

Name

Address

Social Security Number

- That the relationship of the undersigned to the decedent is _____.

Signature _____

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

Notary Public: _____ (SEAL)