



<http://www.nyc.gov/kcpa>

REPORT OF DEATH

Today's Date: _____

PA # _____ ME# _____ PCT# _____

(Please Print) Full Name of Deceased: _____

Name Change: ☐ No ☐ Yes (Please Print Prior Name): _____

Decedent's Citizenship: ☐ U.S. ☐ Other (Please specify Country) _____

Social Security # _____ Age: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Are You In Possession of the Death Certificate: ☐ No ☐ Yes (Please attach)

Decedent's Residence

Decedent's Full Address: _____

Type of Residence: ☐ Rental ☐ House ☐ Coop ☐ Condo ☐ Nursing Home ☐ Shelter ☐ Room

Is There a Lease To Decedent's Residence: ☐ No ☐ Yes (Please attach a copy)

Was Decedent's Residence Released: ☐ Yes ☐ No ☐ NA

Are There Keys To Decedent's Residence: ☐ No ☐ Yes

Name and Number of Person Holding the Keys to Decedent's Residence _____

Informant

Full Name: _____ Relationship to Deceased: _____

Informant's Address: _____

Informant's Phone Number: _____

Assistance Requested

☐ Remove Seal Off Residence

☐ Locate Next of Kin

☐ Burial Assistance

☐ Claim against the estate

☐ Estate Abandoned

☐ Asset collection

☐ Other _____

Office of the
PUBLIC
ADMINISTRATOR
of Kings County



Kerry D. Archer, Esq.
Commissioner
Simone Bennett, MPA, PMP
Deputy Commissioner

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Burial Information

Funeral Home: _____ Family Plot: _____

To Whom Was Body Released: _____

Location of Remains: _____

Relationship to Decedent: _____

Religion (for burial): _____ Date of Burial: _____

Decedent's Family History

Was Decedent Ever Married? ☐ No ☐ Yes Did The Spouse Survive Decedent? ☐ Yes ☐ No

Was Decedent Divorced? ☐ No ☐ Yes Was the Decedent Separated? ☐ Yes ☐ No

Spouse Name & Address: _____

Children Name & Address _____

Parents Name & Address: _____

Brothers/Sisters Name & Address: _____

Nephews/Nieces Names & Address: _____

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Uncles/Aunts Names & Address: _____

First Cousins Name & Address: _____

(Please attach additional Family Information on separate paper if space provided is not sufficient)

Did The Decedent Have a Trust? ☐ NO ☐ Yes *(Please attach documentation, if available)*

Did The Decedent Have a Will? ☐ NO ☐ Yes *(Please attach a copy, if available)*

Where Is Decedent's Will Located? _____

Decedent's Property/Assets/Banking Information

Details Of Decedent's Cash, Bank Accounts & Other Personal Property (Ex: Jewelry): _____

Did Decedent Own Stocks or Bonds?: _____

Did Decedent Have Life Insurance, Retirement Accounts or Pension Benefits? _____

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Did Decedent Own a Vehicle? Please Provide Details and Location: _____

Do You Know of Pending Lawsuits In Which Decedent was Involved? ☐ No ☐ Yes

If Yes, Please Provide Details: _____

Do You Know of Any Claims or Debts Against Decedent? ☐ No ☐ Yes

If Yes, Please Identify The Claim Or Debt: _____

Is There a Safe Deposit Box? ☐ No ☐ Yes Location of Safe Deposit Box: _____

Is there Property at Hospital/Police/Other ☐ No ☐ Yes

If Yes, Please Identify Location: _____

Is There Any Other Property and/or Financial Assets of the Decedent? ☐ No ☐ Yes

Please Provide Person or Place Where Property is Located: _____

Do You Have Any Property In Your Possession Belonging to the Decedent? ☐ No ☐ Yes

If Yes, Please Identify The Property & When and From Whom The Property Was Obtained:

Do You Know of Any Gift, Pledge or Assignment of Decedent's Property Made By The Decedent or Some Other Person? ☐ No ☐ Yes

If Yes, Please Identify The Property & When and From Whom The Property Was Obtained:

Please Provide Names & Addresses of Any of Decedent's Friends:

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Signature of Informant: _____ Date: _____

Sworn to before me on this:

_____ day of _____ 20_____
(Notarize)

Please send completed form and any supporting document(s)

By Email: ReportOfDeathInquiry@kingspa.nyc.gov

By Fax: 718-522-4475

By Mail or In person:

Office of The Public Administrator -- Kings County

Supreme Court Building

360 ADAMS STREET, ROOM 144

BROOKLYN, NY 11201

For Office Use Only
Case Assigned to

Investigator/Case Manager _____ Reviewed
by Initials: _____ Date: _____