

PUBLIC ADMINISTRATOR
NEW YORK COUNTY

FILE NO.

HALL OF RECORDS
CHAMBERS STREET

REPORT OF DEATH

Full Name of Deceased:

Date of Death:

Rental apt. Yes () No ()

Place of Death:

Co-op apt. Yes () No ()

Was death accidental:

Roomer: Yes () No ()

Last Residence:

Last Occupation:

If employed at time of death, by whom and where:

Social Security Number:

Age:

Religion:

Was Deceased a Veteran:

Undertaker's Name:

“ Address:

Funeral ordered by: Name:

“ “ “ Address:

Family History

Was deceased ever married:

Was deceased survived by a spouse or a descendant :

Was deceased a naturalized citizen :

Place of Birth - (give town, province and country) :

Names:

Address:

(if dead, so state)

Spouse :

Children :

Parents :

Brothers - Sisters :

Nephews - Nieces :

Uncles - Aunts :

First Cousins :

Remarks

(over)

(CONTINUED)

Property of Deceased:

(Including all cash, jewelry, bank accounts, stocks, bonds, insurance, death benefits, personal effects, causes of action and other property concerning which you have any knowledge or information whatever :)

Who holds key of residence?

Is there any property at residence?

Is there a safe deposit box?

Where is the box located, and who holds key?

Is there any property at hospital?

Is there any property with Police? If so, list police voucher no.

Is there any other property?

In whose possession :

Are you in possession of any property belonging to or standing in the name of the deceased?
If so, state from whom, when and for what purpose you received it:

Do you know of any pledge or assignment of the deceased's property, or of any gift made by the deceased prior to his or her death? If so, give full details :

Do you know of any claims or debts against the deceased?

Do you know of any Will of the deceased?

How long have you known the deceased?

Give names and addresses of any other friends of deceased:

Relationship to deceased of person completing this report:

(Print Name):

(Sign here):

Address:

Phone No.:

State of New York, }
County of New York, } ss.:

Having been first duly sworn I, the undersigned, depose and say that I have read the foregoing questions or the same have been read to me, and I have made the foregoing answers thereto, to the best of my ability; I know the contents of the foregoing report and the same is true to my own knowledge except such answers as I have stated to be upon information and belief, and as to such answers I believe it to be true.

(Sign here) :.....

Sworn to before me this
day of

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