



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

**REPORT OF DEATH**

Date: \_\_\_\_\_ PA # \_\_\_\_\_ ME# \_\_\_\_\_ PCT# \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

Decedent's Citizenship: \_\_\_\_\_ U.S. \_\_\_\_\_ Other (Country) \_\_\_\_\_

Age: \_\_\_\_\_ Sex \_\_\_\_\_ Religion (for burial): \_\_\_\_\_

Place of Death: \_\_\_\_\_

Location of Remains: \_\_\_\_\_

Decedent's Address: \_\_\_\_\_

Check One:  Rental  House  coop / condo  Nursing Home  Shelter  Room

Was decedent residence released:  Yes  No  NA

Who is holding the keys to decedent's residence: \_\_\_\_\_

Name of Informant: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Informant's Address & Phone Number: \_\_\_\_\_

What assistance is being requested? Remove Seal Off Residence  Locate Next of Kin  Burial

Assistance  Claim against the estate  Estate Abandoned  Asset collection

Other

**BURIAL INFO**

Funeral Home: \_\_\_\_\_ Family plot \_\_\_\_\_

To Whom Was Body Released: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ Assets/Funds \$ \_\_\_\_\_

**DECEDENT'S FAMILY HISTORY**

Decedent's place of birth: \_\_\_\_\_

Was the deceased ever married? YES / NO

Did the spouse survive decedent? YES / NO

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Parents: \_\_\_\_\_

Brothers - Sisters: \_\_\_\_\_

Nephews - Nieces: \_\_\_\_\_

Uncles - Aunts: \_\_\_\_\_

First Cousins: \_\_\_\_\_

Did the decedent have a Will?  NO  Yes (ATTACH A COPY IF AVAILABLE)

Where is decedent's Will located? \_\_\_\_\_

**DECEDENT'S PROPERTY/Assets/Banking Information**

PLEASE IDENTIFY DECEDENT'S PROPERTY, INCLUDING THE FOLLOWING: CASH; BANK ACCOUNTS; JEWELRY; STOCKS; BONDS; INSURANCE POLICIES; PENSION BENEFITS; PERSONAL PROPERTY; CAUSE OF ACTION AND ANY OTHER PROPERTY WHICH YOU HAVE ANY KNOWLEDGE OR INFORMATION AS FOLLOWS:

Identify Personal Property at Residence: \_\_\_\_\_

Is there a safe deposit box?  YES  NO

Location of Safe Deposit Box: \_\_\_\_\_

Is there Property at Hospital/Police/Other  Yes  NO

If yes please identify location: \_\_\_\_\_

Any other property and/or financial assets? Identify: \_\_\_\_\_

Funds \$ \_\_\_\_\_

Identify Person or Place Where Property is Located: \_\_\_\_\_

Are you in Possession of Decedent's Property?  Yes  NO

If yes, please identify the property and 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? If yes, please identify the property and when and from whom the property was obtained:

Do you know of any claims or debts against decedent?  
 No  Yes, please identify the claim or debt: \_\_\_\_\_

Please provide names and addresses of other friends: \_\_\_\_\_

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](mailto: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: \_\_\_\_\_