



## 2. SPOUSE(S) OF THE DECEASED

Name & Surname	Type of Marriage	Date of Marriage	Status of Marriage	Employer/Business

## 3. DECEASED CHILDREN (ALL EXCEPT FOR DECEASED)

Name & Surname	Date of Birth	Age	Guardian/ Relationship	Contacts for Guardian	School/ Employer
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**4. PARENTS OF THE DECEASED**

Name & Surname	Age	Any form of income	Degree of dependency to deceased

**5. WHERE DID THE PARENT(S) LIVE?**

**6. WHO WAS LIVING WITH THE DECEASED AT THE TIME OF DEATH AND WHERE?**

**7. FOR HOW LONG HAD THE DECEASED BEEN LIVING WITH THE ABOVE?**

**8. DETAIL INFORMATION SUBMITTED BY FAMILY MEMBERS**

**9. WHO CAN BE CONTACTED FOR PURPOSES OF INFORMING THE BENEFICIARIES OF THE DISTRIBUTION? AT LEAST TWO CONTACT PERSONS FROM BOTH SIDES OF THE FAMILY AND ANY OTHER**

**10. FACILITATOR'S RECOMMENDATIONS**

**11. THE NEXT OF KIN MEETING WAS CONDUCTED BY:**

Name: Signature: .....

Date :

Name: Signature: .....

Date :

Name: Signature: .....

Date :