

NEXT-OF-KIN MEETING FOR DECEASED MEMBER

DECEASED MEMBER	:	
EMPLOYEMENT NO.	:	
DATE OF MEETING	:	
MEETING SEQUENCE	:	
PLACE OF MEETING	:	
STARTING TIME	:	

1. FAMILY MEMBERS OF THE DECEASED WHO ATTENDED THE MEETING

Name & Surname	Relationship to	Age	Contact
	Deceased Details		Details

2. SPOUSE(S) OF THE DECEASED

Name & Surname	Type of Marriage	Date of Status of Marriage 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 :	