NORTHSTAR MEMORIAL GROUP

CERTIFICATION OF KINSHIP AND RELATIONS

I, _____, hereby certify that:

I am the surviving _____ (relationship to decedent)

of _____, the decedent who at the time of his/her death was (choose one): ☐ not married ☐ married.

I certify as true, correct and complete that the following are the only surviving relatives (spouse, children, parents, siblings) of the decedent:

_____ (name 1)	_____ (name 2)
_____ (relationship to decedent)	_____ (relationship to decedent)
_____ (address)	_____ (address)
_____ (city/state/zip)	_____ (city/state/zip)
_____ (name 3)	_____ (name 4)
_____ (relationship to decedent)	_____ (relationship to decedent)
_____ (address)	_____ (address)
_____ (city/state/zip)	_____ (city/state/zip)

Attach page with further listings of relations.

I understand that Cemetery will rely, without independent verification, upon the above certification. I hereby indemnify and save Cemetery harmless from any loss or damage or liability whatsoever that may arise or result from its reliance upon and use of the information contained herein.

Executed this _____ day of _____, 20____.

_____
(signature)

STATE OF _____

COUNTY OF _____

On this ___ day of _____, 20___, before me, a notary public, came _____ to me known to be the individual described in, and who executed the foregoing instrument, and on oath acknowledged that such individual executed the same.

_____

Notary Public

Printed Name: _____ My Commission Expires: _____