
Certificate of Identity & Cremation or Burial from a person of repute & character (Should not be related to deceased):Form C1

- 1) Name of declarant : _____
- 2) Address of declarant : _____
: _____
: _____
- 3) Contact no. : _____
- 4) Name of the Life Assured in full : _____
- 5) Address of the Life Assured : _____
: _____
: _____
- 6) Date of Birth of Life Assured : _____
- 7) Contact Details of Nominee: _____
- 8) When did you last see him / her alive : _____
- 9) Did you see the body after death : _____
- 10) Age of life assured at death : _____
- 11) Date of death : _____
- 12) Time of death : _____ am / pm
- 13) Date of cremation : _____
- 14) Place of cremation : _____
- 15) Time of cremation : _____
- 16) Occupation of the Life Assured : _____
- 17) How long do you knew
the Life Assured : _____
- 18) LA was treated by (Physician Name) : _____
- 19) Relationship to the
Life Assured : _____
- 20) Were you present while
Burial or cremation : _____
- 21) Identification mark of
Life Assured you knew : _____



STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

22) Were you aware of the insurance cover taken : _____

23) Please describe the events / circumstances immediately preceding the death: _____

I hereby certify that the body was buried / cremated in my presence was of the deceased named in this form above in question no 4. All the answers given in this form is correct to the best of my knowledge and belief.

Place : _____
Date : _____ Signature of the declarant

Certified that the contents in this form were explained in detail to the declarant in the language : _____ and this form is filled in as per dictation given by him / her.

Place : _____
Date : _____ Signature of witness
Name : _____
Address : _____

