

FORM C - Certificate of Identity

(This form is to be completed and signed by a person associated with but not related to the Deceased or to the claimant but who attended the Burial / cremation of the body of the Life Assured)

1. Name of the Life Assured: _____
2. Address of the Life Assured: _____

3. Date of death: _____ Cause of death _____
4. Age at Death _____ Duration of Illness: _____
5. How long was the deceased Life Assured known to you? _____
6. Was he/she related to you? If so how? _____
7. Were you present at the time of death of the life Assured? _____
8. Were you present at the final rites of the Life Assured? _____
9. Was he / she buried or cremated? _____
10. Give address of the burial ground or cremation ground where the last rites were Performed: _____
11. Date of burial / cremation: _____
12. If the deceased Life Assured was employed, mention his occupation and the address of the Employer :

13. Are you aware that the deceased Life Assured was insured with Reliance Life Insurance (formerly known as AMP Sanmar Life Insurance) : _____

I certify that the body which was buried or cremated was that of the person named above (Deceased Life Assured), and do hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date:

Place:

Details of the person filling up the form:

Signature of the person filling up the form

Name:

Occupation:

Address: _____

Phone No.: _____