



Next of Kin Verification

I, _____ hereby verify that I am the next of kin

_____, to _____ DOB _____

(Nature of Relationship)

(Deceased Individual)

(Date of birth of deceased)

responsible for the disposition of the remains and that there is no legally authorized executor or administrator of the Deceased Individual's estate, nor any other person who is legally authorized to act on the behalf of the Deceased Individual or his estate. (28 Pa Code §115.29. Patient Access)

I verify that the statements made in this document are true and correct to the best of my knowledge, information, and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsifications to authorities.

Printed Name

Signature

Date

Witness Printed Name

Witness Signature

Date

Please submit copy of funeral bill with form