



**KNIGHTS OF COLUMBUS FRATERNAL
ASSOCIATION OF THE PHILIPPINES, INC.**
Gen. Luna cor. Sta. Potenciana Sts., Intramuros, Manila
Tel No. 527-2223 local nos. 110-113/Telefax No. 527-2241

STATEMENT OF CLAIMANT

NOTE: Every question must be fully answered. The company reserves the right to require further information should it be deemed necessary. Please write all answers legibly.

I/We hereby submit the following statement to form part of the proof of death of the late Bro./Sis. _____ and to support my/our claim for payment of the proceeds of the Knights of Columbus Fraternal Association of the Philippines, Inc., Benefit Certificate No./s _____ issued on _____ for the amount of _____ PESOS (P _____).

1. a. Name of deceased in full _____
- | | | | |
|--|-----------|------------|------|
| | Last Name | First name | M.I. |
|--|-----------|------------|------|
- b. Date of birth _____
- c. Place of birth of deceased _____
- d. Residence of deceased when BC was issued _____
- e. Residence of deceased at the time of death _____
- f. Upon what document did you base your answers to the preceding questions? (Family records, certificate of birth, certificate of baptism, etc.) _____

2. a. Date of death _____
- b. Causes of death _____
- c. Place of death _____
- d. Occupation of deceased at the time of issuance of the certificate _____
- e. Occupation of deceased at the time of death _____

3. Please state the physicians whom the deceased consulted during his lifetime and/or clinic/ hospital where the deceased was confined or treated:

Date Attended	Nature of Illness/ diagnosis	Name/Addresses of Attending Physicians, hospitals/clinics where treatment was done
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. a. Has the certificate ever been assigned? _____
- b. If so, to whom and when _____
- c. Are there any endorsement on the Certificate other than those made by the Company? _____
If so, furnish us a verified or certified copy of the endorsement.

5. a. In what capacity, or by what title do you make this claim? _____
- b. Are you legally entitled to received the entire amount payable on the Benefit Certificate? _____

