



Ukarimu, Inc.

BEREAVEMENT CLAIM FORM

Member's Name: _____ Date: _____

Address: _____ Tel.: _____ (Cell)

City: _____ State: _____ Zip Code: _____

Information about deceased

Deceased's full name	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)
National ID number (attach copy of ID)	Legal residence at time of death (Full postal address)	
	Local Church (if any)	Village
	Local Chief's name (include phone number)	
	Sub-County	County
Death certificate number (attach a certified copy within 90 days of submitting this form)		
Name of funeral home (include contact information)	Burial permit number (Provide a certified copy)	Date of burial (mm/dd/yyyy)

I, _____ MEMBER OF UKARIMU CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I understand the statement above concerning the penalty of making a fraudulent statement. I certify that the deceased was my **son/daughter/mother/father/brother/ or sister** (circle one) and that the information I have provided is true. I covenant and agree that I will provide all the documents outlined for the management of this benevolent program, failure of which I will refund all bereavement funds given to me by Ukarimu.

NAME: _____ Signature: _____

Date: _____