

Date: _____

Administrator of Estate

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Enclosed is a certified copy of the death certificate and documents regarding my role in the estate. You have been asked to serve as administrator of the estate. Please contact me regarding your willingness to assume this responsibility.

If you are willing to assume this position, we will need to arrange a meeting for us to discuss the estate matters in greater detail. Should you need any further information, please feel free to contact me (contact details below).

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Executor of Estate

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Enclosed is a certified copy of the death certificate. According to the will, you have been named as executor of the estate. Please contact me regarding your willingness to assume this responsibility. If you are willing to serve in this role, we will need to arrange a meeting to discuss the estate matters in greater detail. The attorney who has been retained for the estate is:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Should you need any further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Attorney

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

I am enclosing a certified copy of the death certificate and evidence of my role in the estate. Please advise me of the following:

- ____ Any pending legal action
- ____ Copies of Wills and other legal documents
- ____ Applicable trust agreements
- ____ Real estate holdings
- ____ Outstanding contracts
- ____ All other legal matters you are handling for the deceased.

Please advise me of any retainers you are holding as well as any professional fees that may be due you. Your prompt assistance in this matter will be greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Bank Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

According to the records we have available to us, the deceased has the following accounts with your institution:

Type of Account	Account Number
_____	_____
Type of Account	Account Number
_____	_____
Type of Account	Account Number
_____	_____

Enclosed is a certified copy of the death certificate and evidence of my relationship with the deceased. Please inform me of all accounts and other items, including safe deposit boxes, held by the deceased. All information should be mailed to the address below. Your prompt attention to this matter will be greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Department of Motor Vehicles

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

License Number: _____

We are requesting that the driver's license of the deceased be cancelled. Any use of the driver's license by any person for the purpose of identity should be treated as a fraudulent misrepresentation. Should you need any further information, please feel free to contact me.

Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Centers for Medicare Services
7500 Security Boulevard
Baltimore, MD 21244

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
Medicare Number: _____

I am notifying you of the death of the above individual so that Medicare benefits may be terminated and records updated accordingly. Enclosed you will find the following:

____ Certified copy of the death certificate
____ Evidence of my relationship to the deceased

Please advise me if any further documentation is required. Should you need any further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____
Relationship to Deceased: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Note: In most cases, Medicare is automatically notified when you report a death to the Social Security Administration. This letter may not be necessary if you have already contacted Social Security.

Date: _____

Indiana Family and Social Services Administration
Division of Family Resources
P.O. Box 6117
Indianapolis, IN 46206-6117

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Medicaid Number/Case Number: _____

I am notifying you of the death of the above individual so that Medicaid benefits may be terminated and records updated accordingly. Enclosed you will find the following:

____ Certified copy of the death certificate

____ Evidence of my relationship to the deceased

Please advise me if any further documentation is required. Should you need any further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: You can also report a death by calling the Indiana FSSA at 1-800-403-0864.

Date: _____

U.S. Department of State Passport Services
Consular Lost/Stolen Passport Section
44132 Mercure Circle
P.O. Box 1227
Sterling, VA 20166-1227

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Passport Number (if known): _____

I am requesting that the passport of the deceased be cancelled to prevent any fraudulent use. Enclosed you will find the following:

_____ Certified Copy of the Death Certificate

_____ Passport Number (if known)

_____ Evidence of my relationship to the deceased

If the passport cannot be located, please cancel it based on the enclosed death certificate. Should you need any further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Social Security Administration

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN Number: _____

Enclosed is a certified copy of the death certificate along with a coroner's report (if applicable). Also enclosed is evidence of my participation as executor of the deceased's estate.

Please cease all future payments to the deceased and advise me of any reimbursements that should be made. Please feel free to contact me at the address below or the attorney for the estate.

Attorney of record for the estate:

Name: _____

Address: _____

City/State/Zip: _____

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

United States Postal Service

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Enclosed is a copy of the death certificate. As executor of the estate, I am requesting that all items normally delivered by the U.S. Postal Service at the deceased's address be forwarded to the address below.

Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Veterans Administration

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

The deceased served in the _____ branch of the Armed Forces from _____ to _____. His/her military ID number was _____ and discharge status is _____. Date of discharge: _____.

Please advise me of any benefits from the Veterans Administration that may be due to the survivors/heirs. Please feel free to contact me at the address below should you need any further information. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Voter Registration

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

This letter is to inform you that the deceased's name should be removed from all voter lists and precinct rosters. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please terminate the checked services immediately.

_____ Cable Television

_____ Streaming

_____ Internet

_____ Landline

_____ Mobile Phone

All further communication and/or correspondence regarding this account should come to me at the address below. Should there be any pre-paid balances they also should be sent to me. You may arrange for the return of any leased equipment by contacting me. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Gas Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours and it is the purpose of this letter to inform you that service should be maintained at the above address on a month-by-month basis until the estate has been settled.

All further communication and/or correspondence regarding this account should come to me at the address below. When the estate is settled, should there be any pre-paid balances they should also be sent to me. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Electric Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours and it is the purpose of this letter to inform you that service should be maintained at the above address on a month-by-month basis until the estate has been settled.

All further communication and/or correspondence regarding this account should come to me at the address below. When the estate is settled, should there be any pre-paid balances they should also be sent to me. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Water Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours and it is the purpose of this letter to inform you that service should be maintained at the above address on a month-by-month basis until the estate has been settled.

All further communication and/or correspondence regarding this account should come to me at the address below. When the estate is settled, should there be any pre-paid balances they should also be sent to me. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Bottled Water

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cancel all future deliveries to the above address immediately. If the deceased has prepaid for any deliveries, refunds should be mailed to me at the address below.

If any equipment (such as a water cooler or dispenser) is the property of your company, please contact me to arrange pickup. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Heating & Air Maintenance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cease all further services provided at the above address. If the deceased has prepaid any services, refunds should be mailed to me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Home Security System

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. We would like to maintain security services at the above address on a month-by-month basis until the estate has been settled. All correspondence and communication regarding the services currently being provided should be directed to me at the address below.

If the deceased has prepaid any services, refunds should be mailed to me at the address below.

Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Pest Control

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cease all further services provided at the above address. If the deceased has prepaid any services or has a service contract, refunds should be mailed to me at the address below.

Please also provide me with a copy of any existing contract or service agreement. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Lawn Care

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cease all further services provided at the above address. If the deceased has prepaid any services, refunds should be mailed to me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Private Garbage Collection

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Garbage collection services will no longer be needed on a weekly basis. However, services will be needed on a one-time basis when the estate is settled and the house is vacated. We will make every effort to provide you with at least one week's notice of when those services will be needed.

All further communication and/or correspondence regarding this account should come to me at the address below. When the estate is settled, should there be any pre-paid balances they should also be sent to me. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Accidental Death Insurance Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

According to our records, the following policy(ies), issued by your company, are in effect.

Policy Number _____ Policy Number _____

The policy(ies) should be transferred to:

Name: _____

Address: _____

City/State/Zip: _____

Relationship to the Deceased: _____

The following individuals should be carried on the policy as dependents:

Name	Address	SSN	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Automobile Insurance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

Policy Number: _____

Make _____ Model _____ Year _____ License Plate _____

Policy Number: _____

Make _____ Model _____ Year _____ License Plate _____

According to the records we have available to us, you are the agent of record for the automobile(s) owned by the deceased. We are in the process of settling the estate. We will need to keep the auto policy(ies) in force until the final settlement of the estate. Once it is settled, we will contact you for cancellation of the policy(ies).

All correspondence regarding this issue should be directed to me at the address below. Thank you for your prompt attention to this matter.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Health Insurance Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

Policy Number _____ Policy Number _____

The above mentioned policy(ies) should be cancelled as soon as the final medical claims for the deceased have been processed, estimated to be no more than 90 days from the date of this letter. Should there be any pre-paid premiums, they should be rebated to me upon completion of the final claims. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Homeowner's Insurance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Policy Number: _____

Policy Number _____

According to the records we have available to us, you are the agent of record for the homeowner's insurance for the deceased. We are in the process of settling the estate. We will need to keep the homeowner's policy in force until the final settlement of the estate. Once it is settled we will contact you for immediate cancellation of the policy(ies).

All correspondence regarding the policy(ies) should be directed to me at the address below. Any pre-paid premiums should be refunded to me at the address below. Thank you for your prompt attention to this matter.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Life Insurance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

Account Number: _____

According to the records we have available to us, the following insurance policy(ies), issued by your company are in effect.

Policy Number: _____

Policy Number _____

Enclosed you will find the following documents:

____ Death Certificate

____ Evidence to document my role

____ Claim

____ Other

Please forward to me all information necessary to finalize the estate of the deceased. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Long-Term Care Insurance

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

Account Number: _____

According to the records we have available to us, the following insurance policy(ies), issued by your company are in effect.

Policy Number: _____

Policy Number _____

Enclosed you will find the following documents:

____ Death Certificate

____ Evidence to document my role

____ Claim

____ Other

Please advise me of any final benefits owed and the process for closing this policy. Should there be any premium refunds due, they should be sent to me at the address below. Should you need further information, please feel free to contact me.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Accountant

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

SSN: _____

It is our understanding that you are the accountant of record for the deceased. Please advise me of any financial matters you are currently handling or have handled in the past for the deceased. Should any tax payments or refunds be due, please make special note of them.

The attorney who has been retained for the estate is:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Should you need further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Auto Club

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

It is our understanding that the deceased is a member of your organization. The name of the deceased should be removed from your membership roster and from all mailing lists. Should you need further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Broker/Financial Advisor

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

It is our understanding that you are the broker/financial advisor of record for the deceased. Please advise me of any financial matters you are currently handling or have handled in the past for the deceased. Any records should be sent either directly to me or to the attorney listed below.

The attorney who has been retained for the estate is:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Should you need further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Church

Church Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

It is my understanding that the deceased was a member and/or parishioner of your church. Please remove the deceased from your membership roster and from all active mailing lists.

Should the deceased have an unpaid balance on a pledge to the church, please provide us with the amount so it can be treated as a claim against the estate. Please feel free to contact me if you need more information. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Synagogue

Synagogue Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

It is my understanding that the deceased was a member of your synagogue. Please remove the deceased from your membership roster and from all active mailing lists.

Should the deceased have an unpaid balance on a pledge to the synagogue, please provide us with the amount so it can be treated as a claim against the estate. Please feel free to contact me if you need more information. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Credit Card Company

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

The deceased is listed as the holder of one or more of your credit or debit cards.

Card(s) we show are:

<u>Card Number</u>	<u>Expiration Date</u>
_____	_____
_____	_____
_____	_____

These cards should immediately be cancelled. Any further use of the cards should be treated a fraudulent misuse of the card. Any use of the card after the deceased date of death, _____, will not be honored. Should you need further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Dentist

Company Name: _____

Street Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

It is my understanding that the deceased was a patient of yours. Please remove the deceased's name from your active patient list. Should there be an outstanding balance, please forward that to me to be treated as a claim against the estate.

If the deceased has pre-paid for any services a refund should be mailed to the address below.

Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Physician

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

It is my understanding that the deceased was a patient of yours. Please remove the deceased's name from your active patient list. Should there be an outstanding balance, please forward that to me to be treated as a claim against the estate.

If the deceased has pre-paid for any services a refund should be mailed to the address below.

Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Newspaper

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cancel the deceased's subscription immediately. If the deceased has pre-paid for any newspaper deliveries, any applicable refund should be sent to me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Magazine

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours. Please cancel the deceased's subscription immediately. If the deceased has pre-paid for any magazine deliveries, any applicable refund should be sent to me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Pharmacy

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

It is my understanding that the deceased has active medical prescriptions with you. Please close all open prescription(s) for the deceased and no further prescriptions (new or refills) for this person should be honored. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Rental Storage Building

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____

The deceased is a customer of yours and we would like to maintain storage facilities with you on a month-by-month basis until the estate has been settled. All correspondence and communication regarding the services currently being provided should be directed to me at the address below.

The deceased has personal property stored in your facility at:

Address: _____

City/State/Zip: _____

Unit #: _____

If the deceased has prepaid any services, refunds should be mailed to me at the address below. Please provide me with detailed information regarding gaining access to the storage facility to assure proper distribution of the contents. Until further notice, no person other than me is allowed to gain access. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

UPS

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

As executor of the estate, all items normally delivered by your company to the deceased's address should be forwarded to the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Fed Ex

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

As executor of the estate, all items normally delivered by your company to the deceased's address should be forwarded to the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Veterinarian

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

The deceased's pet(s) are patients of yours. Pets belonging to the deceased are now in the care of others. Each person will make further arrangements for the veterinarian care of the animals. If the deceased has prepaid any services, refunds should be mailed to me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Facebook/Meta
Memorialization Request
1 Hacker Way
Menlo Park, CA 94025

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Date of Birth: _____ Email Associated with Account: _____

Facebook Profile URL (if known): _____

I am requesting that this account be:

Memorialized (preserved as a tribute where friends can share memories)

Permanently deleted

Enclosed is a certified copy of the death certificate.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: Facebook's online Memorialization Request form at facebook.com/help/contact/305593649477238 is often the fastest way to process this request.

Date: _____

TikTok Inc.
5800 Bristol Parkway, Suite 100
Culver City, CA 90230

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

TikTok User Name): _____

Email Associated with the Account: _____

I am requesting that this account be:

___ Permanently deleted

Enclosed is a certified copy of the death certificate.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: TikTok processes these requests through their app. Go to Settings > Report a Problem > Account and Profile > Manage Account to report a deceased user. Unlike some platforms, TikTok does not currently offer a memorialization option—accounts can only be deleted.

Date: _____

Instagram
Memorialization Request
1 Hacker Way
Menlo Park, CA 94025

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Date of Birth: _____ Email Associated with Account: _____

Instagram Username: _____

I am requesting that this account be:

Memorialized (preserved as a tribute where friends can share memories)

Permanently deleted

Enclosed is a certified copy of the death certificate.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: Instagram's online request form at help.instagram.com is often the fastest way to process this request.

Date: _____

LinkedIn Corporation
1000 West Maude Avenue
Sunnyvale, CA 94085

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

LinkedIn Profile URL: _____

Email Associated with Account: _____

I am an immediate family member of the deceased and am requesting that this account be removed from LinkedIn.

Enclosed is a certified copy of the death certificate.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: LinkedIn's online request form at [linkedin.com/help/linkedin/ask/TS-RDMLP](https://www.linkedin.com/help/linkedin/ask/TS-RDMLP) is often the fastest way to process this request.

Date: _____

X Corp. (formerly known as Twitter)

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

X/Twitter Username (@handle): _____

Email Associated with Account: _____

I am an immediate family member or authorized representative of the deceased and am requesting that this account be deactivated and permanently deleted.

Enclosed is a certified copy of the death certificate.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: X's online request form at help.twitter.com/forms/privacy is often the fastest way to process this request.

Date: _____

Google LLC
Inactive Account Manager
1600 Amphitheatre Parkway
Mountain View, CA 94043

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Google/Gmail Address: _____

I am an immediate family member or authorized representative of the deceased and am requesting assistance with the following Google services associated with this account:

- Gmail
- YouTube
- Google Photos
- Google Drive
- Other: _____

I am requesting:

- Access to account content
- Account closure

Enclosed is a certified copy of the death certificate. I understand Google may require additional documentation such as proof of relationship or legal authority.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: Google's online request process at support.google.com/accounts/troubleshooter/6357590 is the required method for most requests.

Date: _____

Apple Inc. Digital Legacy Program
One Apple Park Way
Cupertino, CA 95014

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Apple ID/Email: _____

I am an immediate family member or authorized representative of the deceased and am requesting assistance with the deceased's Apple account and associated services, which may include:

iCloud (email, photos, documents)

Apple Music

App Store purchases

Device access

Enclosed is a certified copy of the death certificate. I understand Apple may require additional documentation such as proof of relationship or legal authority.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: Apple's Digital Legacy program and support at support.apple.com/deceased-family-member provides guidance on this process.

Date: _____

General Social Media/Online Account

Company Name: _____

Name: _____

Address: _____

City/State/Zip: _____

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Username/Account ID: _____

Email Associated with Account: _____

I am an immediate family member or authorized representative of the deceased and am requesting that this account be closed.

Enclosed is a certified copy of the death certificate.

Should you need any further information, please feel free to contact me at the address below. Your prompt attention to this matter is greatly appreciated.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Data & Marketing Association
Deceased Do Not Contact List
225 Reinekers Lane, Suite 325
Alexandria, VA 22314

To Whom It May Concern,

This letter is to request that the following individual be added to the Deceased Do Not Contact List:

Name: _____
Address: _____
City/State/Zip: _____
Email Address: _____
Date of Death: _____

I am requesting that this person's name and contact information be added to your Deceased Do Not Contact List so that DMA member companies will remove them from marketing and solicitation lists.

Enclosed is a certified copy of the death certificate.

Should you need any further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____
Relationship to Deceased: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____