

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.