

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Re: Request for Certified Death Certificate / Life Insurance Claim

Policy Number: [Policy Number]

Deceased: [Full Name of Deceased]

To Whom It May Concern,

I am writing to formally notify you of the passing of the insured, [Full Name of Deceased], who passed away on [Date of Death]. I am the [Your Relationship to Deceased, e.g., Spouse/Executor] and a beneficiary of the above-referenced life insurance policy.

Enclosed with this letter is a certified copy of the death certificate for your records to initiate the claims process. [Optional: I have also enclosed the original life insurance policy document.]

Please send the necessary claim forms and instructions for filing to my address listed above. If you require any additional information or documentation to process this claim, please let me know at your earliest convenience.

Thank you for your assistance during this difficult time.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Certified Death Certificate