



ITRHFH - Survivor Fund  
3315 Broad Street  
Chattanooga, TN 37408

### NEXT OF KIN AFFIDAVIT

Name: \_\_\_\_\_  
(Last Name, First Name)

Address: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

I, \_\_\_\_\_, declare that:  
( First Name, Last Name)

I am the next of kin of \_\_\_\_\_, who died on or about the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

As the next of kin, I am entitled to receive the offered monetary assistance from the  
Survivor Fund.

\_\_\_\_\_  
*Signature of Affiant*

\_\_\_\_\_  
*Date*