

*Submit original form
no faxed copies accepted*

Affidavit for Payment to Surviving Spouse/Children

Print in ink or type all entries except signatures. This affidavit is used when last pay check and/ or sick leave on the deceased employee is to be issued to the surviving spouse, or to the surviving children over the age of majority if there is no surviving spouse.

Deceased Member Information

Deceased name: Last, first, MI, suffix (Jr., III, etc.)

Social Security Number

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Survivor Information

Name: Last, first, MI, Suffix (Jr., III, etc)

Social Security Number:

Street/P.O. Box

City, state, zip

Daytime telephone

Date of birth

Relationship to deceased

- Spouse
- Major child (18 or older)

Affidavit

State of _____

Parish/Country of _____

BEFORE ME, the undersigned authority, personally came and appeared _____ who,
(Apparer)

after being duly sworn, deposed and said:

He/she is the surviving spouse or major child of _____, who died on ____ / ____ / ____ at ____
(Deceased) mm dd yyyy

_____. Decedent was employed by *East Baton Rouge Parish School System*. If affiant is the surviving spouse, no divorce proceedings have been instituted between spouse and decedent. If affiant is major child, there is no surviving spouse, or divorce proceedings have been instituted between spouse and decedent. Decedent is survived by affiant and the following children:

Name: Last, first, MI, Suffix (Jr., III, etc)

Social Security Number:

Street/P.O. Box

City, state, zip

Daytime telephone

Date of birth

Name: Last, first, MI, Suffix (Jr., III, etc) Social Security Number:

Street/P.O. Box

City, state, zip

Daytime telephone

Date of birth

Affiant wishes to have the check issued to the surviving spouse (or children over age of majority, if there is no surviving spouse) in accordance with Louisiana Revised Statute 9:1515 in lieu of the check being made payable to the estate of the deceased member.

Applicant's signature (do not print or type) Date signed (mm-dd-yyyy)



Must be witnessed by two persons other than the heirs/beneficiaries

Signature of witness (do not print or type) Signature of witness (do not print or type)



Street/P.O. Box Street/P.O. Box

City, state, zip City, state, zip

SWORN TO AND SUBSCRIBED before me, Notary Public, this _____ day of _____, 20_____.



Notary Public Identification/Bar Roll Number Notary Public signature