## 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.)								
			Sc	cial :	Secur	ity N	umb	er
				***		Ĺ		
Survivor Information Name: Last, first, MI, Suffix (Jr., III, etc)			So	ocial	Secui	rity N	lumb	er:
$Street/P.O.\ Box$	***************************************	**************************************	97/4099502.59	***************************************	######################################	200/20202 <b>-</b> 1920	************	
City, state, zip	• **	7			videtVzidliVzies			
Daytime telephone				ete Artesta (ar. er.	ionerat at a credent	Pitrovikaniosi or bank	9:449 Audi (* 237	\$\$\$\frac{1}{2}\text{\$\frac{\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\$\fr
Date of birth	e alimenteria dell'erada i	**************************************		S	onship pouse lajor	2		sed or older)
Affidavit								
State of								
Parish/Country of								
BEFORE ME, the undersigned authority, personally came and appeared							w	ho,
after being duly sworn, deposed and said:	(A	ppe	arer)					
He/she is the surviving spouse or major child of, who d	lied o	n	1				a	t
(Deceased)		m		dd		уууу		
Decedent was employed by East Baton Rouge Parish S	Schoo	l Sys	item.	lf af	ffiant	is the	e sur	viving
spouse, no divorce proceedings have been instituted between spouse and decedent. If a	affian	t is r	najoi	chil	d, the	re is	no su	irviving
spouse, or divorce proceedings have been instituted between spouse and decedent. Dec	ceden	it is :	survi	ved b	y affi	iant a	ınd th	ie .
following children:	-							
Name: Last, first, MI, Suffix (Jr., III, etc)	**************************************	, e,		locial	Secu	irity	Num	eerooneeneeneeneeneeneeneeneeneeneeneeneene

Street/P.O. Box

Daytime telephone	
исписунальный простительной простите	The Committee of the State of the Committee of the Commit
Name: Last, first, MI, Suffix (Jr., III, etc)	четочнения е те петерописностью по при
raner East, mat, m, admix (or., m, ote)	Social Security Number
here the transfer of the contract of the cont	теминикан (улстуу ор «БУИНДА) этеминикан мускерунге этум бек байда Маке этум ор
city, state, zip	of Regard of Contract
NAME AND ADDRESS OF THE OFFICE AND ADDRESS	
Daytime telephone	- Mail Art Modes, A. E. E. E. S. A. E. E. E. S. A. E.
Abbits (Constitution (Constitu	7005 (2004) 017 200 200 200 200 200 200 200 200 200 20
Date of birth	
	spouse (or children over age of majority, if there is no surviving spo
member.	lieu of the check being made payable to the estate of the deceased
Applicant's signature (do not print or type)	Date signed (mm-dd-yy
Applicant's signature (do not print or type)	
Applicant's signature (do not print or type)	eneficianies
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the helrs by	
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the helrs by	eneficianies
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the heirs be Signature of witness (do not print or type)	Eneficiaries  Signature of witness (do not print or type)
Applicant's signature (do not print or type)  Mustibe witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box	Signature of witness (do not print or type)  Street/P.O. Box
Applicant's signature (do not print or type)  Must be winnessed by two persons other than the heirs be Signature of witness (do not print or type)	Eneficiaries  Signature of witness (do not print or type)
Applicant's signature (do not print or type)  Mustibe witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box	Signature of witness (do not print or type)  Street/P.O. Box
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip	Signature of witness (do not print or type)  Street/P.O. Box  ***********************************
Applicant's signature (do not print or type)  Mustipe withessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip	Signature of witness (do not print or type)  Street/P.O. Box
Applicant's signature (do not print or type)  Must be withessed by wo persons other than the helps by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  SWORN TO AND SUBSCRIBED before me, Notary P	Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  ublic, this
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  SWORN TO AND SUBSCRIBED before me, Notary P	Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  day of
Applicant's signature (do not print or type)  Mustibe witnessed by two persons other than the helps be Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  SWORN TO AND SUBSCRIBED before me, Notary P	Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  ublic, this
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  SWORN TO AND SUBSCRIBED before me, Notary P	Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  day of
Applicant's signature (do not print or type)  Must be witnessed by two persons other than the heirs by Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  SWORN TO AND SUBSCRIBED before me, Notary P	Signature of witness (do not print or type)  Street/P.O. Box  City, state, zip  day of