

**Life Insurance Corporation ( International) B S C (C)  
Bahrain**

Divisional Office .....

Branch Office .....

**Certificate of Identity and Burial or Cremation**

[To be completed and signed by a person of known character and respectability acquainted with but not related to the deceased nor to the claimant, and who saw the dead body or who was present at the burial or cremation of the body of deceased.]

In connection with claim under Policy No ..... On the life of .....  
I hereby make the following statement : (Insert full name of the deceased).

1. Name of deceased in full  
.....
2. Name of the deceased's father in full  
.....
3. (a) How long was the deceased known to  
.....  
you? .....
- (b) Was he related to you ? If so, how? .....
4. (a) Date and time of Death .....
- (b) Cause of Death .....
- (c) Place of Death .....
- (d) Duration of illness .....
5. (a) Describe any distinctive mark or  
physical peculiarity of deceased .....
- (b) Was he tall, short or medium in height? .....
- (c) Was he stout, thin or medium in build? .....
- (d) Approximate age at death? .....
6. Deceased's occupation immediately prior  
to death with address of the employer, if any .....

7 Deceased's previous occupation with address .....  
of the employer, if any .....

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8. (a) When did you last see him alive? .....
- (b) Did you see the body after death? .....
- (c) Was the body buried or cremated? .....
- (d) Time and date of burial or cremation .....
- (e) Name and address of place of burial  
cremation .....
- (f) Were you present at the disposal of the  
body? .....
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9. Are you aware that the deceased's life was .....  
insured with Corporation? .....

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I certify that the body which was buried or cremated was that of the person named and do hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Declarant : .....  
Occupation : .....  
Address : .....

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Completed and declared before me this ..... Day of ..... 20.....

Signature : .....  
(Please see Note below)

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NOTE: This form must be completed before (1) an advocate, (2) an Agent of the Corpn. (who is a member of the club at the level of Divisional Manager's club and above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Postmaster or Departmental Sub-Post Master (but not a Branch Post Master), (10) a Magistrate, (11) an Officer or Development Officer of at least 3 years standing or confirmed Development Officer recruited from the Agents who were D. M. or B. M. Club Members before joining or Development officer recruited from Agents who were ZM or Chairman's Club Members before joining. (12) President of a Village Panchayat or Local Board.

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CERTIFIED THAT the contents of this Certificate were explained to the declarant in a Regional Language and the gaps filled in at his dictation.

Signature of witness : .....