

# Next of Kin Eligibility Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I, [Your Name], am writing to verify the eligibility of my next of kin, [Next of Kin's Name], who is my [relationship to you, e.g., brother, sister, spouse].

Details of Next of Kin:

- Name: [Next of Kin's Name]
- Date of Birth: [Next of Kin's DOB]
- Address: [Next of Kin's Address]
- Relationship: [State your relationship]

This verification is for [specific purpose, e.g., hospital admission, insurance claim, etc.].

If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]