

Notification of Death

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Dear [Insurance Company Representative],

I am writing to formally notify you of the death of [Full Name of the Deceased], who was covered under the policy mentioned above. [He/She/They] passed away on [Date of Death] due to [Cause of Death, if applicable].

Please find attached the necessary documents, including the death certificate and any required forms for processing the claim.

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 prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]