Next of Kin Notification

Date: [Insert Date]

To:

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notification of Next of Kin

Dear [Insurance Company Representative's Name],

I am writing to formally inform you that I am the next of kin of [Deceased's Full Name], who held an insurance policy with your company, policy number [Policy Number].

Upon the unfortunate passing of [Deceased's Full Name] on [Date of Death], I would like to initiate a claim for the benefits entitled under the policy.

Attached are the required documents to facilitate the claims process, including:

- Copy of Death Certificate
- Copy of the Insurance Policy
- Identification Proof of Next of Kin
- [Any other relevant documents]

Please let me know if further information or documentation is required to proceed with the claim.

Thank you for your assistance in this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]