

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

PROOF OF DEATH
FUNERAL DIRECTOR'S CERTIFICATE

- 1. Name of Funeral Director
2. Address of Funeral Director
3. City, State, Zip Telephone
4. Name of Deceased Age
5. Birth Date of Deceased (Month) (Day) (Year)
6. Date of Death Place of Death
7. (a) Did you inter or prepare the Deceased for burial?
(b) When and Where?
(c) If not, what other disposition was made of the remains?

Signed by (Funeral Director)

STATE OF

COUNTY OF

On this day of ,

before me the above named

who stated on oath that the above answers are to the best of his knowledge and belief true and correct.

Notary Public

My commission expires

(A fully executed original of this form must be filed with the Executive Secretary in all cases involving the death of a member).