

PRENEED CERTIFICATE OF AUTHORITY BANKRUPTCY AFFIDAVIT

STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty of perjury do hereby
(Name)

swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of
_____ in the year of _____.
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the
business of insurance, preneed funeral or preneed cemetery.

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APPLICANT

DATE

Subscribed to and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC My Commission Expires