



**DECEDENT INFORMATION**

|                         |   |  |  |
|-------------------------|---|--|--|
| <b>Decedent's Name:</b> | First Name<br><input style="width:95%; height: 20px;" type="text"/> | Middle Initial<br><input style="width:20px; height: 20px;" type="text"/>   |  |
|                         | Last Name<br><input style="width:95%; height: 20px;" type="text"/>  | Suffix (e.g. Jr, Sr, III)<br><input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> |  |

|   |  |
|---|--|
| <b>Decedent's Date of Death:</b><br><input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> | <b>Decedent's Date of Burial:</b><br><input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> |
|---|--|

Did you contract with Woodlawn for funeral or burial services for the decedent?  YES  NO

If you answered "NO" to the preceding question, please list the name of the Person who contracted with Woodlawn for the burial of the decedent, if known.

|   |  |
|---|--|
| First Name<br><input style="width:95%; height: 20px;" type="text"/> | Last Name<br><input style="width:95%; height: 20px;" type="text"/> |
|---|--|

Were you aware of the death of the decedent?  YES  NO

Were you aware of the decedent's funeral or burial services at the time the services occurred?  YES  NO

Were you aware that Woodlawn performed such funeral or burial services on your behalf or for your benefit?  YES  NO

Did you live with the decedent at the time of the decedent's death?  YES  NO

**The decedent was your:** (Select only 1 choice)

|   |   |                                  |
|---|---|----------------------------------|
| <input type="radio"/> SPOUSE            | <input type="radio"/> CHILD   | <input type="radio"/> PARENT     |
| <input type="radio"/> BROTHER or SISTER | <input type="radio"/> GRANDPARENT   | <input type="radio"/> GRANDCHILD |
| <input type="radio"/> OTHER             | <input style="width:100%; height: 20px;" type="text"/><br><small>(Please specify relationship if "OTHER" is selected)</small> |                                  |

THE SETTLEMENT REQUIRES THAT YOU PROVIDE DOCUMENTARY PROOF OF YOUR RELATIONSHIP TO THE DECEDENT. ACCEPTABLE PROOF SHALL CONSIST OF BIRTH CERTIFICATE(S), DEATH CERTIFICATE(S), MARRIAGE LICENSE(S), OR, IN SOME CASES, OTHER STATE ISSUED DOCUMENTATION. YOU MUST SUBMIT A COPY OF THE DOCUMENT(S) WITH YOUR CLAIM FORM. FAILURE TO PROVIDE ADEQUATE PROOF OF YOUR RELATIONSHIP MAY RESULT IN THE DENIAL OF YOUR CLAIM. IF YOU ARE UNABLE TO OBTAIN THE NECESSARY DOCUMENTATION, PLEASE EXPLAIN YOUR REASONS IN WRITING ON A SEPARATE PIECE OF PAPER

**RELEASE AND CERTIFICATION**  
 By submitting this Claim Form, I state that I believe in good faith that I am a member of the settlement class as defined in the Notice; that I have read and understood the contents of the Notice; that I did not file a request to exclude myself from (or "opt out") of the settlement class; and that I believe that I am entitled to participate in the proposed settlement described in the Notice. I agree and understand that, if the proposed settlement is approved by the Court and becomes effective, all claims, demands, and causes of action against the settling defendants relating to or arising out of Woodlawn Memorial Park will be released as set forth in the settlement agreement.

I certify under penalty of perjury under the laws of the State of California and the United States that I am authorized to make this claim and that the information on the front and back of this form (and in any attached documents) is true, correct and complete. I understand that, if I submit, or cause to be submitted, a false claim, I will waive any and all rights I have under the settlement (including but not limited to the right to receive money), and I will be required to reimburse the settlement fund for any and all money paid in connection with the false claim.

Dated: 
 / 
 
 /

|   |
|---|
| For Admin Use Only  |
| <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Other |

\_\_\_\_\_  
 Your Signature