

NOTIFICATION OF DEATH

EXPERIAN
P.O. Box 2104
Allen, TX 75013
1-888-397-3742

EQUIFAX
P.O. Box 105873
Atlanta, GA 30348
1-800-685-1111

TRANSUNION
P.O. Box 1000
Chester, PA 19022
1-800-916-8800

REQUEST FOR “DECEASED. DO NOT ISSUE CREDIT.” NOTATION

Please place a notation for “Deceased. Do Not Issue Credit.” on the decedent’s account.

Name of Decedent : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____

REQUESTING PARTY INFORMATION

My current contact information is as follows:

Name of Requesting Party: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

RELATIONSHIP TO DECEDENT & MY PROOF OF AUTHORITY

My relationship to the decedent and proof of my authority for this request is as follows:

- I am decedent’s surviving spouse. Attached is a copy of my marriage certificate.
I am the court-appointed representative of the estate. Attached is proof of my appointment.
Other: _____

REQUEST FOR CREDIT REPORT

- Please send a copy of decedent’s current credit report to me at the above noted address.
Attached is proof of my relationship to the decedent and proof of my authority for this request.

SIGNATURE: _____

DATE: _____

Send Certified Mail

Keep Copy for Your Records