



OneOrlando Fund

Application Form for **Deceased Victims**

Deadline for Application: September 12, 2016

*If you need assistance in completing this form, please call the VictimConnect Resource Center at **855-4-VICTIM** (855-484-2846) or email OneOrlando@ncvc.org.*

1. Victim Information

First Name: _____ Middle Name: _____

Last Name: _____

Other Names Used: _____

Date of Birth (mm/dd/yyyy): _____ SSN/TIN: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (if other than United States): _____

Please return this form and all supporting documentation to:

National Compassion Fund: OneOrlando
c/o National Center for Victims of Crime
2000 M Street NW, Suite 480
Washington, DC 20036

CLAIM MUST BE POSTMARKED BY **SEPTEMBER 12, 2016**

2. Person Filling Out Application

Relationship to Victim:

- Spouse
- Parent/Custodial Guardian
- Adult Child
- Legally Authorized Personal Representative
- Other (*please describe*): _____

Applicant First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____ SSN/TIN: _____

Street Address 1 (*if different from victim address above*): _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (*if other than United States*): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

3. Attorney or Other Representation (*if applicable*)

Name: _____ Firm: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Country (*if other than United States*): _____

Phone Number: _____ Alternate Phone Number: _____

Email: _____

4. Supporting Documentation *(please check)*

I have attached the following required documentation:

- Death Certificate
- Proof of Relationship to Victim:
 - Birth Certificate
 - Marriage License
 - Documentation of Status as Legal Representative of the Estate
 - Other *(please describe)*: _____
- Proof of Legal Representation
(If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)
- A list of the decedent's heirs and beneficiaries and a proposed distribution plan.
(A copy of the form is attached to this Application.)
- Other *(please describe)*: _____

5. Payment Preference *(please select one)*

- Check Payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country *(if other than United States)*: _____

- Electronic Funds Transfer to:

Checking Savings Money Market Other: _____

Account No.: _____

Routing No.: _____ SSN/EIN: _____

Bank Name: _____

Bank Address: _____

Bank Contact: _____ Bank Phone: _____

6. Signature *(to be signed in the presence of a Notary Public)*

If the deceased was married at the time of death, the spouse must sign this claim form. If the victim was not married, the Personal Representative legally administering the estate must sign this claim form.

Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. Signature of Claimant on this form does not constitute a waiver of any legal rights. Further, I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

Notary Signature

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____ by _____.

My Commission expires: _____ Affix Seal Here:

Signature of Notary: _____

Date: _____