

From: (your name, complete address, phone, e-mail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use this form to notify the three credit reporting agencies:**

1. complete the decedent's information completely
2. make three copies of the letter (one for each agency)
  - a. sign each letter
  - b. circle one agency, cross off the other two for each of the three agencies
  - c. make a copy of each letter for your records
3. enclose copy of death certificate
4. mail to appropriate agency

**TransUnion**  
PO Box 2000  
Chester, PA 19022  
Phone: 800.916.8800  
Fax: 610.546.4771

**Experian**  
PO Box 2002  
Allen, TX 75013  
Phone: 888.397.3742

**Equifax**  
PO Box 740260  
Atlanta, GA 30374  
Phone: 800.685.1111  
Fax: 866.313.7122

Date: \_\_\_\_\_

To Whom It May Concern:

This letter serves as notification of the death of my  parent  sibling  spouse  other \_\_\_\_\_

on \_\_\_\_\_.  
month, date, year

Please make the change to show him/her as deceased in your records. We request that you make this change effective immediately. Here is the info:

Full Name: \_\_\_\_\_  
decedent full name

other names that may appear in records: \_\_\_\_\_  
nicknames, maiden names, former married names

Last Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

For questions, or if you need more information, please contact me at

\_\_\_\_\_

phone number

other phone

e-mail

Sincerely,

\_\_\_\_\_  
your signature

\_\_\_\_\_  
your name, printed

Enclosed is a copy of the death certificate

**keep a copy of the completed and signed letter for you and/or attorney**

**you are free to copy this form letter**  
www.HelpingSurvivorsManage.com