



Statement of Legal Rights



Use this form to obtain authorization to sign on behalf of a deceased person. Detailed requirements and instructions are on page 2 of this form. Please use black ink and capital letters to fill in the boxes. Information you omit or print outside of the boxes will delay processing.

Information about the Deceased

I state that I am within my legal rights in signing AKC® applications in the name of:

Deceased's First Name and Deceased's Last Name input fields

Street Address input field

City, State, and ZIP code + 4 input fields

Date of Death: Month - Day - Year input fields

Note: Signatures of all individuals who have completed one of these forms for this decedent are required following the name of the decedent on each registration application submitted to the AKC.

Prior Addresses Where the Decedent Resided (if applicable)

Street Address input field

City, State, and ZIP code + 4 input fields

Street Address input field

City, State, and ZIP code + 4 input fields

Executor or Administrator Information: Check the appropriate box and provide the requested information

Checkboxes for executor/administrator status and Relation to the Deceased input field

First and Last Name of Executor, Administrator, or Person Authorized to Sign input field

Mailing Address input field

City, State, and ZIP code + 4 input fields

Daytime Telephone Number input field

Signature and Notarization

State _____

County _____

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

I swear that the statements above are true.

Signature of Executor, Administrator, or Person Authorized to sign for the decedent named above.

Notary Public _____

Date My Commission Expires _____



Instructions, Requirements, and General Information

<p>Instructions for Completion and Submittal</p>	<p>If an Executor or Administrator has been or will be appointed for the decedent, the Letters Testamentary or Letters of Administration should accompany this completed form. If no Executor or Administrator has been or will be appointed, the next of kin, authorized to sign for the decedent, must complete this form, stating the relationship to the decedent. When completed in its entirety, signed, and <i>notarized</i>, please return this document to:</p> <p style="padding-left: 40px;">The American Kennel Club 8051 Arco Corporate Drive, Suite 100 Raleigh, NC 27617-3390</p>
<p>Requirements</p>	<p>Signatures of all individuals who have completed one of these forms for this decedent are required following the name of the decedent on <i>each</i> registration application submitted to the AKC.</p>
<p>Assistance</p>	<p>Email AKC at info@akc.org or call 919-233-9767 to speak to an AKC Customer Service Representative, Monday — Friday, 8:30 AM — 5:00 PM. Information about the registration process and downloadable forms are available on our website: www.akc.org.</p>
<p>Notice</p>	<p>The individual who signs this form is responsible for providing accurate information. Misrepresentation on this form may result in the loss of AKC privileges for an individual signer. Once submitted, this form becomes the property of the American Kennel Club.</p>