



IDENTITY THEFT PROTECTION

☐

EXPERIAN
PO Box 9701
Allen, TX 75013

☐

EQUIFAX
PO Box 105139
Atlanta, GA 30348

☐

TRANSUNION
PO Box 6790
Fullerton, CA 92834

Mail This Letter to Each of the Credit Reporting Agencies Above

Date _____

To Whom it May Concern:

I am writing to you today to notify you of the death of

(Name of Deceased)

who died on _____. We are requesting that you post on the deceased's credit
(mm/dd/yyyy)

report, "DECEASED - DO NOT ISSUE CREDIT". If you have any questions or require additional information, please contact me.

Sincerely,

Requesting Party:

Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip _____

Deceased Information:

Name _____

SSN _____

Date of Birth _____

Place of Birth _____
(City, State)

6010 White Horse Road • Greenville, South Carolina 29611
864-269-5073 • www.cremationsocietyofsc.com