



P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

Affidavit of Natural Tutorship of Disabled Child

Deceased Member's First Name	Middle Name	Last Name	Deceased Member's SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: DISABLED CHILD'S INFORMATION

Disabled Child's First Name	Middle Name	Last Name	Disabled Child's Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Male Birth Date

Female

SECTION 2: NATURAL TUTOR'S INFORMATION

Natural Tutor's First Name	Middle Name	Last Name	Natural Tutor's Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: NATURAL TUTOR'S CERTIFICATION AND AUTHORIZATION

I attest that I am the natural tutor and have custody of the above named fully disabled, and/or fully dependent child who is a surviving beneficiary of the above named deceased member. I certify that I will be a prudent administrator of any funds issued for the benefit of the said fully disabled, and/or fully dependent child.

Natural Tutor's Signature	Date
<input type="text"/>	<input type="text"/>

SECTION 4: NOTARIZATION

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20____.

_____ Notary Public (Signature)	_____ Notary ID # or Bar Roll #
_____ Notary Public Name	_____ Commission Expires

(affix seal here)