

APPROVED FOR
RELEASE DATE:

(b)(6)
(b)(3)

10-Nov-2008

Form E-6 (10-64)
OFFICE OF FEDERAL EMPLOYEES'
GROUP LIFE INSURANCE
4 East 24th Street
New York, New York 10010

CLAIM FOR DEATH BENEFITS
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT

READ INSTRUCTIONS BEFORE
FILLING OUT THIS FORM.

PART A. GENERAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED (Last) (First) (Middle) MR. MRS. MISS CARANCI, John C.			2. DATE OF BIRTH Month Day Year Feb. 7, 1922			3. DATE OF DEATH Month Day Year Jul. 14, 1970		
4. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION Central Intelligence Agency			5. LOCATION OF LAST EMPLOYMENT (City and State) Washington, D.C.			7. DATE OF FINAL SEPARATION (If Different From Date of Death) Month Day Year Apr. 22, 1970		
8. WAS DECEASED RETIRED AND RECEIVING ANNUITY UNDER ANY FEDERAL CIVILIAN RETIREMENT SYSTEM, INCLUDING OLD-AGE AND SURVIVORS INSURANCE (SOCIAL SECURITY)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			9. (a) WAS DECEASED ON ACTIVE DUTY IN THE MILITARY FORCES OF THE U. S. AT TIME OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
9. (b) IF "YES," STATE BELOW			6. DOMICILE—(Legal Residence at Time of Death—City and State) Providence, Rhode Island					
GIVE CLAIM NUMBER, IF KNOWN			BRANCH OF SERVICE		SERIAL NO.		GRADE OR RANK	
IF RETIRED, SHOW DATE OF RETIREMENT: 4/22/70							ORGANIZATION AT TIME OF DEATH (Regiment, Co., etc.)	

IF THE DECEASED NAMED YOU AS BENEFICIARY ON STANDARD FORM 54 attach a receipted copy of the Designation of Beneficiary (Standard Form 54) to this claim, give your age and relationship in the box to the right, and complete Part F. on the other side. IF A RECEIPTED COPY OF STANDARD FORM 54 IS NOT ATTACHED, YOU MUST COMPLETE ALL PARTS OF THIS CLAIM FORM.

Your Age _____
Relationship to Deceased _____

PART B. PERSONAL INFORMATION CONCERNING THE DECEASED

1. HOW MANY TIMES WAS DECEASED MARRIED? one		3. GIVE NAME OF EACH SPOUSE (Including all former marriages)		4. HOW WAS MARRIAGE TERMINATED? (check one in each case)		5. DATE MARRIAGE WAS TERMINATED	
				<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DIVORCE		9/21/64	
2. WAS THE DECEASED SURVIVED BY ANY CHILDREN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE			
				<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE			

PART C. INFORMATION CONCERNING THE CLAIMANT

1. YOUR NAME (Last) (First) (Middle) MR. MRS. MISS			2. YOUR RELATIONSHIP TO THE DECEASED None			3. YOUR DATE OF BIRTH Month Day Year		
FILL IN BLANKS 4 THROUGH 14 IF YOU ARE THE WIDOW OR WIDOWER OF THE DECEASED.								
4. DATE OF MARRIAGE Month Day Year			5. PLACE OF MARRIAGE (City and State)			6. MARRIAGE WAS PERFORMED BY <input type="checkbox"/> CLERGYMAN OR JUSTICE OF PEACE <input type="checkbox"/> OTHER (Specify)		
7. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO						8. IF NOT LIVING WITH DECEASED AT DEATH, WAS THERE A DIVORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. IF YOU WERE DIVORCED FROM DECEASED, GIVE DATE AND PLACE OF DIVORCE						10. IF SEPARATED BUT NOT DIVORCED, ATTACH A SIGNED STATEMENT GIVING COMPLETE DETAILS COVERING PERIOD OF SEPARATION, INCLUDING DATE AND CAUSE OF SEPARATION AND WHO LEFT THE OTHER.		
MONTH		DAY		YEAR		CITY		STATE
11. HOW MANY TIMES WERE YOU MARRIED?			12. GIVE NAME OF EACH SPOUSE (Include all former marriages)			13. HOW WAS MARRIAGE TERMINATED? (Check one in each case)		14. DATE MARRIAGE WAS TERMINATED
						<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		
						<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		
						<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		

FILL IN PARTS D. AND E. ONLY IF YOU ARE NOT THE DESIGNATED BENEFICIARY OR THE WIDOW OR WIDOWER OF THE DECEASED.

PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

- (a) Widow or widower;
- (b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating which class it is) and the descendants of any deceased child or children;
- (c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;
- (d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS
		Son	

FILL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21.

2. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR THE ESTATE OF ANY MINOR CHILDREN ABOVE, GIVE NAME AND ADDRESS OF GUARDIAN AND ATTACH COPY OF THE APPOINTMENT PAPER ISSUED BY THE COURT. NATURAL PARENTAGE OR CUSTODY AWARDED AS A RESULT OF A DIVORCE DOES NOT CONSTITUTE GUARDIANSHIP.

3. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

YES NO

NAME

ADDRESS

PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS.

2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

YES NO

NAME

ADDRESS

PART F. CERTIFICATION BY CLAIMANT

1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "YES" submit coroner's and police reports, news clippings and any other available reports concerning the accident. No claim for such benefits can be considered if the date of insured's separation or retirement is prior to the date injuries were sustained which caused the death of the insured.

YES NO

I hereby certify that all statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

WARNING.—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment, by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

(SIGNATURE OF CLAIMANT)

as guardian for

(NAME OF CLAIMANT—TYPED OR PRINTED)

(NUMBER AND STREET)

(CITY, STATE, AND ZIP CODE)

August, 21, 1970

(DATE)

State of Connecticut

COUNTY OF LITCHFIELD, }
DISTRICT OF SALISBURY, }

SS. PROBATE COURT



I, Therese Stanton, Clerk of the Probate Court for the District of Salisbury, hereby certify that at a Probate Court held at Salisbury, in and for said District, on the 28th day of October, in the year of our Lord one thousand nine hundred seventy

[] was duly appointed Guardian of the Estate of []

[] in said District, a minor, and she

accepted said appointment and gave bond to the acceptance of the Judge of said Court for the due performance of said trust according to law.

I ALSO CERTIFY, that it appears by the records and files of said Court, that said appointment is now in full force.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court, this 28th day of October, in the year of our Lord one thousand nine hundred seventy.

Therese Stanton

Clerk

State of Connecticut

COUNTY OF LITCHFIELD, }
DISTRICT OF SALISBURY, }

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