



pennsylvania

DEPARTMENT OF REVENUE

BUREAU OF INDIVIDUAL TAXES

PO BOX 280601
HARRISBURG, PA 17128-0601

**ENTRY INTO SAFE
DEPOSIT BOX
TO REMOVE A WILL OR
CEMETERY DEED**

Date of Entry		
Month	Day	Year

Please Print or Type

MUST BE COMPLETED BY REPRESENTATIVE OF FINANCIAL INSTITUTION WHERE SAFE DEPOSIT BOX IS LOCATED AND RETURNED TO ABOVE ADDRESS.

1 DECEDENT'S NAME (Last, First, Middle)	2 SOCIAL SECURITY NUMBER (Required)	3 DATE OF DEATH
4 ADDRESS OF DECEDENT Street Address _____ City _____ State _____ ZIP Code _____		
5 NAME AND ADDRESS OF PERSON REQUESTING THE OPENING OF THE SAFE DEPOSIT BOX Name _____ Street Address _____ City _____ State _____ ZIP Code _____		
6 NAME AND ADDRESS OF FINANCIAL INSTITUTION WHERE THE SAFE DEPOSIT BOX IS LOCATED Name of Financial Institution _____ Street Address _____ City _____ State _____ ZIP Code _____		
7 SAFE DEPOSIT BOX NUMBER	8 TITLE OR NAME(S) UNDER WHICH BOX IS REGISTERED	
9 WAS THERE A WILL IN THE BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes Date of will: _____ Month _____ Day _____ Year _____		
ARE THERE OTHER ITEMS IN THE BOX? <input type="checkbox"/> YES - An inventory will be completed at a later date in compliance with <input type="checkbox"/> NO Sec. 2193 of the Inheritance and Estate Tax Act, 72 P.S. §9193		
Name and address of personal representative(s), if named in the will: Name _____ Street Address _____ City _____ State _____ ZIP Code _____ Name _____ Street Address _____ City _____ State _____ ZIP Code _____		
Name and address of attorney, if any: Name _____ Street Address _____ City _____ State _____ ZIP Code _____ Name _____ Street Address _____ City _____ State _____ ZIP Code _____		
I certify under penalty of perjury to the best of my knowledge and belief that the above record is correct, complete and that only a will and/or cemetery deed has been removed from the box at this time.		
Signature _____		Date _____
Print Name _____		Title _____