STATE OF DELAWARE
UNCLAIMED PROPERTY

REQUEST FORM

Fill out the form below as completely as possible. **For identification purposes please provide two forms of identification from the following list.** All US citizens must provide a copy of their Social Security or Medicare Card.

Driver's License	Birth Certificate	Passport
Non-Driver Identification Card	Marriage Certificate	Social Insurance Card
Social Security Card	W-2	National Identity Card
Medicare Card	Election Card	Citizenship Card

If you are inquiring about property not listed in your name, you must provide documentation showing you have a legal right to claim the property in addition to the information above (EX: Copies of Appointment to Estate, Letters Testamentary, Small Estate Affidavit, a copy of a notarized Power of Attorney for a living person, verification of court appointed guardianship, copy of a minor's birth certificate; etc.) Please note that a power of attorney and related documents become void after death.

Print your name and address as it would have appeared on the escheated account. (Note: This may be different than your current address.)

Property Search Information

*Name:		
Address:		
City:	State:	Zip:

Current Contact Information:

Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:	Relationship to Property Owner:	
SSN or FEIN: Email Address (if applicable):	Would you like us to send the claim form via email?____	
What are you searching for? Stock Dividends Bank acct. Insurance General Inquiry Other_____ Did you receive any written notice informing you of an escheatment? If so, please attach a copy.		
Your Comments:		

Under penalties of perjury, I certify that the information provided on this request form is true, and all supporting documentation presented are either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Delaware, its Officers and Employees from any damages, claims or losses of any kind resulting in payment to the claimant under the provisions of Delaware Revised Statutes.

Signature:_____ Date: _____

Once your request is received, a claim form may be sent with additional directions for obtaining your property. If the request is incomplete or if we are not holding property in your name, you will receive a letter informing you that a claim could not be initiated. Due to a high volume of requests, it may take up to twelve weeks to receive a response. Your patience is greatly appreciated.

Upon receipt of your request form, a claim form will be mailed to you at the current mailing address you provide above. Please complete this form and return it to:

Delaware Department of Finance, Bureau of Unclaimed Property, P.O. Box 8140, Wilmington, DE 19803-8140