

Application for LOST POLICY CERTIFICATE to the LAFOURCHE LIFE INSURANCE COMPANY

POLICY NUMBER	NAME OF INSURED - (Please Print)	AGE

I, the undersigned, hereby declare that the above numbered policy/policies issued on the life/lives of _____

has/have been lost or destroyed, and I desire Duplicate Policy/Policies.

Signature of Applicant _____

Printed Name of Applicant _____

Relationship to Insured _____

Witness _____ **Date** _____

AGENT'S NAME	DISTRICT	DEBIT No.

***** Please note: If this form is not signed in the presence of an authorized employee, signatures must be verified by Notary Public.**

Sworn to and subscribed before me this _____ day
of _____, 20 ____.

NOTARY PUBLIC