



CONFIDENTIAL VICTIM'S NEXT-OF-KIN DECLARATION

I, _____ declare as follows:
(NAME)

Pursuant to the provisions of Penal Code Section 3043, I am requesting notification of the

Parole hearing of _____ as next of kin of
(NAME OF INMATE) (CDCR NUMBER¹)

the victim, _____ who is deceased. The nature of the relationship
(NAME OF VICTIM)

I bear to the victim is that of _____ .
(NATURE OF RELATIONSHIP²)

Please select either (a) or (b):

a. I have no relationship with the inmate.

b. My relationship to the inmate is _____

The information below is used for security purposes and will remain confidential

(PRINT OR TYPE NAME)

(ADDRESS)

(DRIVER'S LICENSE NUMBER)

(STATE)

(CITY/STATE/ZIP CODE)

(DATE OF BIRTH)

(PRIMARY PHONE NUMBER)

(EMAIL ADDRESS)

(ALTERNATE PHONE NUMBER)

I declare under penalty of perjury that the above information is true and correct.

Executed on _____, at _____,
(MONTH/DAY/YEAR) (CITY) (STATE)

(SIGNATURE)

¹ California Department of Corrections & Rehabilitation inmate number, if known.

² Please note: spouse, children, parents, siblings, grandchildren, and grandparents, who are related by blood, marriage, or adoption.