

die malerkasse  
Gustav-Stresemann-Ring 7  
65189 Wiesbaden

**Lebensbescheinigung – Certificate that a person is alive**

Bitte vervollständigen / Please fill out:

Vorname: First name:	
Nachname: Last name:	
Geburtsdatum Date of birth:	
Anschrift: Adress:	
RegisterNr.: Insurance Nr.:	

\_\_\_\_\_  
Datum, Unterschrift des Leistungsempfängers  
Town, Date and Signature of pensioner

**We confirm that the aforementioned pensioner is still alive**

\_\_\_\_\_  
Official seal of certifying authority

\_\_\_\_\_  
Town, Date and Signature of certifying authority

**Please fill out an send back to:**

die malerkasse  
Gustav-Stresemann-Ring 7  
65189 Wiesbaden

mailto: [info.zvk@malerkasse.de](mailto:info.zvk@malerkasse.de) / fax: +49 611 7630 320