



**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.**

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

The department is authorized under federal law, 42 U.S.C. § 405 (c), to use the decedent's Social Security number in administering state tax laws. The department uses Social Security numbers to establish a decedent's identity and ensure proper credit for tax payments.