



FOR NON-LEGAL ASSISTANCE, EMAIL ESTATES@BMI.COM OR CALL 1- 212-220-3088

APPLICATION FOR POSTHUMOUS WRITER AFFILIATION

Instructions: The term DECEDENT refers to the songwriter or composer who has died and for whom you are seeking posthumous affiliation. Please answer each question fully and completely. If the question does not apply, write N/A (not applicable). If you do not know the answer to a question, write UNKNOWN. Any omission or blank item may delay the preparation of the affiliation agreement. If you need more room for any answers, attach a separate sheet and number it accordingly. It is suggested that you retain the assistance of an attorney if you have any legal questions regarding the completion of this form. BMI cannot give you legal advice.

• **Decedent's Full Legal Name** _____
(First Name) (Middle Name) (Last Name)

Other Name(s) used by the decedent: _____

Address at death: _____
(Street)

(City) (State) (Zip)

Citizenship: (check one): U.S.A. Other: _____
(Name of Country)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Date and Place of Death: _____ / _____ / _____
(City) (State)

➤ **DOCUMENT REQUIRED: DEATH CERTIFICATE**
DID DECEDENT HAVE A WILL? **NO: COMPLETE SECTIONS A AND C**
 YES: COMPLETE SECTIONS A, B AND C

SECTION A

A1. (Check one) Decedent left a surviving ___ spouse ___ domestic partner ___ neither

A2. The surviving spouse or domestic partner is:

Name _____

Address: _____
(City) (State) (Zip)

Telephone number _____ E-mail _____

Date of Marriage or Civil Union ___/___/___ at _____, _____
Mo Day Year City State

A3. (Check one) Decedent left ___no children ___children

✓ **How many children survived decedent, from any relationship, including all biological and adopted ones, regardless of who the other parent is?** _____

✓ **Did the decedent have any children who died before him or her? No ___ Yes ___: IF YES, LIST THEIR NAMES AND THE NAMES AND CONTACT INFORMATION OF THOSE DECEASED CHILDREN'S LIVING CHILDREN ON A SEPARATE SHEET LABELED "CHILDREN WHO DIED BEFORE DECEDENT"**

A4. The decedent's surviving children are:

a.
Name _____

b.
Name _____

Address: _____
(Street)

Address: _____
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Telephone number _____

Telephone number _____

E-mail _____

E-mail _____

If under 18, Date of birth: ___/___/___
Mo Day Year

If under 18, Date of birth: ___/___/___
Mo Day Year

If under 18, Name of Legal Guardian _____

If under 18, Name of Legal Guardian _____

SECTION A (continued)

c.
Name _____
Address: _____
(Street)

(City) (State) (Zip)
Telephone number _____
E-mail _____
If under 18, Date of birth: ___/___/___
Mo Day Year
If under 18, Name of Legal Guardian _____

d.
Name _____
Address: _____
(Street)

(City) (State) (Zip)
Telephone number _____
E-mail _____
If under 18, Date of birth: ___/___/___
Mo Day Year
If under 18, Name of Legal Guardian _____

✓ (IF DECEDENT IS SURVIVED BY MORE THAN 4 CHILDREN, ATTACH A SHEET WITH THE SAME INFORMATION FOR THE OTHERS)

A5. If Decedent left no spouse, domestic partner, children or grandchildren, please enter the information below about the surviving parents of decedent:

Mother's Name: _____	Father's Name: _____
Address: _____ (Street)	Address: _____ (Street)
_____ (City) (State) (Zip) (City)	_____ (State) (Zip)
E-mail _____	E-mail _____
Telephone Number _____	Telephone Number _____
Date of Death (if applicable): _____	Date of Death (if applicable): _____

A6. If the decedent left no surviving spouse, domestic partner, children, grandchildren or parents, list here the closest next-of-kin. Add a separate sheet with the same information if there are more than two of the same kind (such as siblings).

Name: _____	Name: _____
Address: _____ (Street)	Address: _____ (Street)
_____ (City) (State) (Zip)	_____ (City) (State) (Zip)
E-mail _____	E-mail _____
Telephone Number _____	Telephone Number _____

SECTION B

IF DECEDENT DIED WITH A LAST WILL AND TESTAMENT:
➤ **DOCUMENT REQUIRED: SIGNED COPY OF THE ENTIRE WILL AND ALL CODICILS**

B1. WERE THERE FORMAL COURT PROCEEDINGS (PROBATE) HELD REGARDING THE WILL? ___No
➤ **___Yes: DOCUMENT REQUIRED: COPY OF ANY LETTERS TESTAMENTARY OR LETTERS OF ADMINISTRATION THAT WERE ISSUED**

Name the state in which the Will was probated _____
Full name of Probate Court: _____
Estate Tax I.D. Number: _____ - _____ - _____

SECTION C

- Did the Decedent leave his/her royalties and/or copyright interest(s) to a trust? No Yes
 - If Yes, **DOCUMENT REQUIRED: A COPY OF THE FULL DOCUMENT CREATING THE TRUST, PLUS ANY AMENDMENTS OR RESTATEMENTS OF THE TRUST CREATED TO DATE**

Name of Trust: _____ Trust Tax I.D. Number: ____ - _____

Trustee's Name: _____ Co-Trustee's Name _____

Address: _____ Address: _____
(Street) (Street)

(City) (State) (Zip) (City) (State) (Zip)

E-mail _____ E-mail _____

Telephone Number _____ Telephone Number _____

- The names of the executors or administrators and successor executors or administrators are:

Name: _____ Name: _____

Address: _____ Address: _____
(Street) (Street)

(City) (State) (Zip) (City) (State) (Zip)

E-mail _____ E-mail _____

Telephone Number _____ Telephone Number _____

Relationship: _____ Relationship: _____

- The name of the estate's attorney (if any) is:

Name: _____

Law Firm's Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Telephone Number _____ E-mail _____

- Has the estate been closed? No Yes If Yes, date estate closed _____

Was an order of distribution issued by a probate court? No Yes

- If Yes, list below the persons whom the probate court ordered to receive decedent's BMI royalties and attach a copy of the order. Attach a separate sheet if needed for additional beneficiaries. **DOCUMENT REQUIRED: ORDER OF DISTRIBUTION OR FINAL ACCOUNTING.**

Name: _____ Name: _____

Address: _____ Address: _____
(Street) (Street)

(City) (State) (Zip) (City) (State) (Zip)

E-mail _____ E-mail _____

Telephone Number _____ Telephone Number _____

Relationship: _____ Relationship: _____

Percentage awarded _____% Percentage awarded _____%

Did Decedent own an interest in any BMI publishing company? No
 Yes If yes, please specify the name of the BMI publishing companies: _____

Has the decedent or the decedent's estate at any time been a writer member or affiliate of BMI, ASCAP, SESAC or any foreign performing rights licensing organization? _____No _____Yes: _____

(Name of PRO and period of membership/affiliation)

Name of person completing this Application _____

Address: _____
(Street)

(City) (State) (Zip)

E-mail _____

Telephone Number _____

Relationship to Decedent _____

✓ **YOU MUST SIGN AND DATE THE DECLARATION BELOW**

DECLARATION (NO NOTARY REQUIRED)

I declare under penalty of perjury that, to the best of my knowledge and belief, the foregoing information is true and correct and all questions have been answered fully and completely and without any intent to deceive BMI with respect to the facts concerning the decedent, his/her estate, and/or his/her lawful heirs or beneficiaries.

Signature

Print name of signer

Today's Date

Please make sure to include with this Application all of the following documents, if applicable. Legible copies are acceptable. Check all that you are sending to BMI:

- Death Certificate of decedent
- Last Will and Testament and all codicils of the decedent
- Letters Testamentary for Executor or Letters of Administration for Administrator
- Trust documents in their entirety
- Order of Distribution
- Other relevant documents pertaining to the decedent's estate _____

IF AS THE RESULT OF THE INFORMATION GIVEN ON THIS APPLICATION, BMI REQUIRES ANY ADDITIONAL DOCUMENTS, YOU WILL BE NOTIFIED

MAIL THE COMPLETED APPLICATION AND ALL DOCUMENTS TO:

BMI Legal Department
250 Greenwich Street, 31st Floor
New York, NY 10007-0030