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Commonwealth of Kentucky

Unclaimed Property Claim Form Request

*Note: This is **NOT** a claim form. An official claim form **MUST** be requested.
If you wish to seek additional information about an account, please call 1-800-465-4722.*

Todd Hollenbach, State Treasurer

Owner name: _____ Property ID number: _____

Owners' date of birth: _____

Name of person requesting claim form: _____

Relationship to reported owner: _____
(for example: self, spouse, executor/administrator, parent, POA, heir, etc.)

Address: _____

Day time phone #: (____) _____ - _____ E-mail address: _____

Please give the last **4 digits** of the owner's Social Security number or FEIN, if a business: _____

Please answer the questions below to assist us in verifying information on our database to assure that you are entitled to claim these funds. Please circle the correct response(s).

1. Did the reported owner ever live or receive mail at the address shown on the **search** page? (Please circle)
Yes No

2. Is the reported owner deceased? Yes No
If yes, date: _____

3. Name of the administrator/executor of the reported owners' estate? _____
_____ Deceased: Yes No

Please mail this form to:
Unclaimed Property Division, 1050 US Hwy 127 South, Suite 100, Frankfort, KY 40601
(800-465-4722 / FAX: 502-564-4200)