

**BEFORE THE WORKERS' COMPENSATION COMMISSION  
STATE OF OKLAHOMA**

**IN THE MATTER OF THE DEATH OF:**

_____ )	
Deceased )	
_____ )	
Claimant )	Commission Number: CM _____
_____ )	
Respondent )	Decedent's Social Security
_____ )	Number: xxx-xx-_____
Insurer )	

**RECEIPT OF DEPOSIT**

The undersigned, an officer of the \_\_\_\_\_ does hereby acknowledge receipt of \$ \_\_\_\_\_, the amount due upon the order rendered in the captioned case, and also acknowledges receipt of a copy of the order entered in said cause which sets forth therein that said sum is to be deposited on behalf of the minor children of the deceased, in separate trust accounts as follows: \$ \_\_\_\_\_ to \_\_\_\_\_ and \$ \_\_\_\_\_ to \_\_\_\_\_. Said funds shall not be withdrawn without order of the Workers' Compensation Commission allowing said withdrawal; however, that upon reaching 18 years of age said children shall present to \_\_\_\_\_, proof of his/her age of majority and shall at that time, be entitled to payment in full of the funds so deposited.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

\*PLEASE SIGN ONCE THE DEPOSIT HAS BEEN MADE AND RETURN TO THE WORKERS' COMPENSATION COMMISSION, 1915 N. STILES, OKLAHOMA CITY, OKLAHOMA, 73105.\*