



FOR NON-LEGAL ASSISTANCE, EMAIL [ESTATES@BMI.COM](mailto: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)  
\_\_\_\_\_  
(City) (State) (Zip) (City)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(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)  
\_\_\_\_\_  
(City) (State) (Zip)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(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 Posthumous Affiliations  
Performing Rights Administration  
10 Music Square East  
Nashville, TN 37203