

**Manville Personal Injury Settlement Trust
Bystander Verification Form**

Claimant Name: _____

Claim ID: _____

Name of occupationally exposed person: _____

Please provide in the table below the occupationally exposed persons exposure history:

Start Month/Year	End Month/Year	Occupation	Industry	Facility, City, State

Claimant or Personal Representative Signature

Date

Printed or typed name if not Claimant