



**SOCIAL SECURITY ACT 1975
CLAIM FOR FUNERAL GRANT**

FOR OFFICIAL USE			
Claim No.			
Date Rec'd	Day	Month	Year
Clerk's initials			

(A) PARTICULARS OF DECEASED

Name of deceased insured person/uninsured spouse/dependent child
(Delete as appropriate)

Name _____ Surname _____ Social Security Number (if applicable) _____

Last address prior to death _____

Name of last employer _____

Address of last employer _____

Date of Birth

Day	Month	Year
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Date of Death

Day	Month	Year
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FOR OFFICIAL USE
D.O.B.
D.O.D.
CC Initials

Certified cause of death _____ Occupation _____

Please answer the following two questions.

- (1) Was death due to accident at work? Yes No
- (2) Was death as a result of a disease contracted in the course of employment? Yes No
(If the answer is 'Yes' to either (1) or (2) attach medical evidence.)

(B) PARTICULARS OF CLAIMANT

Name of Claimant _____
(Surname) (Christian Names)

Home address _____

Mailing Address _____

To: The Director,
Social Security Scheme

I, the above named claimant hereby declare that I am _____ to the deceased person named above
(State relationship if any, to deceased)
and that I ***have paid/*am liable to pay** the amount of the funeral expenses.
**Words not applicable should be deleted)*

(C) I attach the following documents:

- (a) Death certificate of the deceased person;
- (b) Birth certificate of deceased person
- (c) Social Security card of deceased Insured person (not required for dependent child or uninsured spouse)
- (d) Receipt for the amount of funeral expenses paid by me
- (e) Undertaker's bill for outstanding funeral expenses
- (f) Marriage Certificate or declaration made under oath before a Justice of Peace or Notary Public
- (g) Declaration made under oath before a Justice of Peace or Notary Public certifying that child was dependent on you prior to death.

NOTE: Any uncashed cheques relating to the deceased insured person in receipt of benefit should be returned to D.S.S with this claim

Signature or mark 'X' of claimant _____

Date _____ Tel.# _____

Signature of Witness _____ Date _____

WARNING:

Any person who knowingly makes any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine of imprisonment or both. If your claim is submitted later than 6 months from the date of death of the deceased, you should submit a written excuse explaining your reasons for lateness.