



ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CLAIM FOR FUNERAL GRANT

Striving for Social Justice

SECTION A

Please provide information on the Insured Person

1. Social Security Number

2. **FIRST NAME** **MIDDLE NAME(S)** **SURNAME**

3. Home Address

4. P.O. Box

5. E-mail Address

6. Date of Birth (dd/mm/yyyy)

7. *Date of Death (dd/mm/yyyy)

8. Gender Male Female

9. Occupation

SECTION B

Information on the Claimant (if not Insured Person)

10. Social Security Number

11. **FIRST NAME** **MIDDLE NAME(S)** **SURNAME**

12. Home Address

13. P.O. Box

14. E-mail Address

15. Relationship to the deceased Person

16. Relationship to the Insured Person

17. Tel./Cellular No.

Please enter your bank details for payment of your benefit:

18. Name on Account

19. Account No.

20. Name of Bank Institution

SECTION C

Information on the Deceased (if not insured Person)

21. Social Security Number

22. **FIRST NAME** **MIDDLE NAME(S)** **SURNAME**

23. Home Address

24. P.O. Box

25. Gender Male Female

26. Date of Birth (dd/mm/yyyy)

27. *Date of Death (dd/mm/yyyy)

28. Certified cause of death

To: The Director
Social Security

I, the above named claimant hereby declare that I *have paid/*am liable to pay the amount of *his /her funeral expenses. I understand that if I fail to carry out this undertaking any funeral grant received must be repaid to the Social Security Office. (If the Funeral expenses have not been paid please complete Form FG8 "Undertaking to pay Funeral Expenses").

SPOUSE OF DECEASED SHOULD ANSWER THE FOLLOWING QUESTIONS:

30. Were you at the date of death of deceased living with him/her, as the case may be as his/her spouse? _____

31. If "yes" state the period that you lived with the deceased insured person up to his/her death _____

32. I hereby confirm that I have presented the following original documents in support of my claim:

- (a) Social Security Card of Deceased
- (b) Death Certificate of the deceased person
- (c) Certificate of marriage
- (d) Birth Certificate of deceased person
- (e) Passport of deceased person
- (f) Receipt for the amount of Funeral Expenses paid
- (g) Undertaker's bill for outstanding Funeral Expenses
- (h) Undertaking to Pay Funeral Expenses form

If there are any uncashed benefit cheques in the name of the deceased dated on or after his/her death these should be returned to the Social Security Office together with this claim form.

33. I hereby claim Funeral Grant in respect of the deceased insured person.
 in respect of the deceased who was the spouse of an insured person.
 in respect of the deceased child of the insured person.

34. I declare that the information given is true and correct to the best of my knowledge and belief.

35. Claimant's signature _____ 36. Date (dd/mm/yyyy)

37. Witness to thumb print /mark if unable to write _____

38. Name of Witness _____

39. Date signed (dd/mm/yyyy)

(Affix right thumb print here
if unable to write)

FOR OFFICIAL USE ONLY

Section A, Nos. 7 & 8

Passport Social Security Card Death Certificate Birth Certificate

Date Received (dd/mm/yyyy)

Claim Number _____

Certified By: _____