



Striving for Social Justice

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CLAIM FOR FUNERAL GRANT

SECTION A

Please provide information on the Insured Person

1. Social Security No.

2. FIRST NAME MIDDLE NAME(S) SURNAME

MAIDEN NAME

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

4. Gender

☐ Male ☐ Female

5. Date of Death (dd/mm/yyyy)

6. Home Address

7. P.O. Box

8. E-mail Address

9. Occupation

SECTION B

Information on the Claimant (if not Insured Person)

10. Social Security No.

11. FIRST NAME MIDDLE NAME(S) SURNAME

12. Home Address

13. P.O. Box

14. E-mail Address

15. Tel./Cellular No.

16. Relationship to the deceased Person

17. Relationship to the Insured Person

Please enter your **Bank** details for payment of your benefit:

18. Name on Account

19. Account No.

20. Name of Financial Institution

Select type of Account:- Savings ☐

Chequing ☐

SECTION C

Information on the Deceased (if not insured Person)

21. Social Security No.

22. FIRST NAME MIDDLE NAME(S) SURNAME

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

24. Gender

☐ Male ☐ Female

25. Date of Death (dd/mm/yyyy)

26. Home Address

27. 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 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:

28. Were you at the date of death of deceased living with him/her, as his/her spouse? Yes ☐ No ☐

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

30. 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.

31. 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.

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

33. Claimant's signature _____ **34.** Date (dd/mm/yyyy)

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

36. Name of Witness _____

37. 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: _____