



**SOCIAL SECURITY BOARD
P.O. BOX 698
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS**

CLAIM FOR SURVIVOR'S BENEFIT

PARTICULARS OF DECEASED PERSON

Mr.
Mrs
Ms.
Surname Christian Name(s) Soc. Sec. No.

Address.....
Date of Birth Date of Marriage

Last Employer

Address of last Employer.....

Was the deceased person in receipt of any Social Security benefit.....

If yes, state benefit

Claimant

Mr.
Mrs.....
Ms. Surname Christian Name(s) Soc. Sec. No.

Address.....
Date of Birth

Relation to deceased.....

If spouse, state date of marriage and attach marriage certificate.....

If claimant is not the widow/widower of the deceased, are the children in his/her care?
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If the claim is made by a person having the care of the child/children of the deceased person state:-

- (a) Name of wife/husband of deceased.....
- (b) Maiden name of wife.....
- (c) Address, if known
- (d) Give date of death, if applicable.....

If claim is being made later than six months after the death of the insured person, please state why the claim was not made earlier:

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Give particulars of the child/children of the deceased person:-

| Name of child/children | Father's Name | Mother's Name | Date of Birth | Place Of Birth |
|------------------------|---------------|---------------|---------------|----------------|
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I attach the following documents:

- Death Certificate of the deceased person.
- Marriage certificate
- Birth certificate of surviving spouse
- Birth certificate of children under twenty-one if still in full-time education.

Declaration:

I declare that the information given above is true and correct to the best of my knowledge and belief, and I claim Survivor's Benefit in respect of the above-named deceased person.

.....
Signature

.....
Date

WARNING:

Any person who knowingly makes or cause to be made a false statement or misrepresentation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment under the laws of the Virgin Islands.