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

SURVIVOR'S CERTIFICATE

NAME: **S.S. NO.** _____

ADDRESS: **TEL. NO.** _____

This form must be signed in the presence of a witness who must be one of the following:
Official or employee of a British Embassy or Consulate, Magistrate, Justice of the Peace, Notary Public, Senior Bank Official, Physician, Clergymen or Senior Social Security official. When you take this form to be witnessed, be sure to take along your passport or other evidence of your identity and return the form to the address above.

Strike out what does not apply

1. Have you cohabited since the death of your spouse? Yes ☐ No ☐

2. Have you remarried? (If yes, enclose marriage certificate). Yes ☐ No ☐

3. Are Beneficiaries still enrolled in full-time education? Yes ☐ No ☐
   (Proof of attendance in full time education is required for child/children 15 years and over).

4. Are beneficiaries living with you? Yes ☐ No ☐

   (If no, give name & address of guardian) _____

   _____

I affirm that all information I give in this document is true.

_____ _____ _____
Print Name of Beneficiary Signature of Beneficiary Date

_____
New Mailing Address (if different from address above)

I certify that the above questions were answered in my presence; that I personally know the signer or that satisfactory evidence to identify the signer has been examined by me and that I have no specific knowledge or reason to believe that the signer has not understood the question, or not responded truthfully.

_____ _____
Print Name of Witness Job Title

_____ _____
Signature of Witness Date

IMPORTANT: Anyone who makes or cause to be made a false statement or representation of a material fact for use in determining a right to payment under the Social Security Ordinance commits a crime punishable by a fine or imprisonment under the laws of the Virgin Islands.