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

CLAIM FOR FUNERAL GRANT

PARTICULARS OF DECEASED PERSON

Mr.
Mrs..... …….....
Ms. Surname Christian Name(s) Social Security No.

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

Name of last employer.....

Certified cause of death….....

CLAIMANT

Mr.
Mrs. ....
Ms. Surname Christian names Soc. Sec. #

Address.....

I, the above named claimant hereby declare that I am the.....
(State relationship if any to the deceased)

and that I have paid the amount of the funeral expenses.

I attach the following documents:

(a) Death certificate of the deceased person;

(b) Original receipt for the amount of funeral expenses paid by me and

(c) Detailed undertaker's bill for outstanding funeral expenses.

Note: If there are any uncashed benefit cheques relating to the deceased, these should be returned to the Social Security Office along with this claim.

Signature of claimant .....

Date.....

WARNING: ***Any person who knowingly makes 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.***