



MONTSERRAT
Social Security Act, 1985
APPLICATION FOR DEATH GRANT
PARTICULARS OF DECEASED PERSON

Form DG_1

WARNING : Any person who knowingly makes any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.

CL No.

NIMS No.

Social Security Reg No.

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Name of Deceased Person Mr. / Mrs. / Miss.....

Surname

First Name..... Middle Name.....

Last Address.....

Name of Last Employer

Occupation.....

Date of Birth

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dd mm yy

Date of Death

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dd mm yy

Certified cause of death.....

Name of Claimant Mr. / Mrs. / Miss.

Surname

First Name

Claimant's Social Security Reg. No., if insured

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Address

Tel. No. Email

To: The Director,
Social Security

I, the above named applicant, hereby declare that I am the Executor of the estate for the deceased person named above.

I attach the following documents :-

- (a) Death certificate of the deceased person
- (b) Letters of Administration / Grant of Probate

I declare that the above information is true and correct to the best of my knowledge.

..... Date

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dd mm yy

Signature of Claimant

Claim must be made within six (6) months of the deceased's death.