



# SOCIAL SECURITY FUND

Form : LC\_4

E. KARNEY OSBORNE BUILDING

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## SURVIVOR'S LIFE CERTIFICATE

**WARNING: Any person who knowingly makes a false representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable by a fine or imprisonment or both.**

I, Mr / Mrs / Miss .....  
Surname First Name Middle Name

Address .....

Date of Birth 

dd	mm	yy		

 Email ..... Contact No. ....

Are you over 16 years and still in full time education? Yes  No

*If Yes, Please provide letter from your school or college as proof of full time attendance.*

**PLEASE SIGN IN THE PRESENCE OF A WITNESS WHO MUST BE ONE OF THE FOLLOWING :** Member of Parliament, Justice of the Peace, Attorney-at-Law, Physician, Minister of Religion, Registered Professionals, Social Security Official. You are also required to present for means of identification an official Picture ID which could be one of the following : Passport, Travel Document, Social Security Card, Driver's License or Voter's ID.

**A COPY OF THE IDENTIFICATION USED SHOULD BE ATTACHED WHEN SUBMITTING YOUR CERTIFICATE.**

Signature of Guardian ..... Date 

dd	mm	yy		

I, the undersigned hereby identify and certify that Mr / Mrs / Miss .....

Whose signature is affixed above was alive on 

dd	mm	yy		

Identification was done by use of .....

with number ..... and expiry date of 

dd	mm	yy		

Witness's Name (Please print) .....

Profession .....

Address .....

Email ..... Contact No. ....

Signature of witness ..... Date 

dd	mm	yy		