



SOCIAL SECURITY FUND

Form : LC_5

E. KARNEY OSBORNE BUILDING
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WIDOW'S / WIDOWER'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 Email Contact No.
dd mm yy

Have you re-married? Yes No If yes, please provide date
dd mm yy

Are you co-habiting with anyone as your husband / wife? Yes No If yes, please provide date
dd mm yy

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. **Please note that family members are NOT permitted to witness on behalf of pensioners**

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

Signature of Pensioner 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