



SOCIAL SECURITY FUND

INITIAL LIFE CERTIFICATE

WARNING : Anyone who makes a false statement or 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.

Name : Mr. / Mrs / Miss.....

Surname

First Name

Middle Name

Social Security Reg. No.

--	--	--	--	--	--

SIGN IN THE PRESENCE OF A WITNESS WHO MUST BE ONE OF THE FOLLOWING :
Justice of the Peace, Notary Public, Social Security Official, Physician or Clergyman

Signature of Claimant

I the undersigned hereby certify that Mr. / Mrs. / Miss.

whose signature is affixed above was alive on

--	--	--	--	--	--

dd mm yy

Witness' Name (Please print)

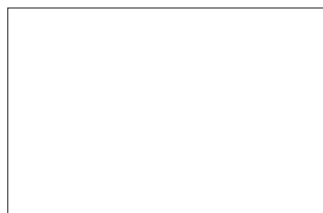
Signature

Profession

Date

--	--	--	--	--	--

dd mm yy



Official Seal / Stamp