



MONTSEERRAT

Social Security Act, 1985

Form FG_1

**APPLICATION FOR FUNERAL GRANT
PARTICULARS OF DECEASED PERSON**

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.

Soc. Sec. Reg. No.

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CL No

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NIMS No.

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To :Director
Social Security

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

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.....

Applicant's Social Security Reg. No.

Name of Applicant Mr / Mrs / Miss.....

Full Address.....

Tel. No..... Email address.....

To The Director
Social Security

I, the above named applicant hereby declare that I am

(State relationship, if any to deceased)

to the deceased person named above and that I have paid am liable to pay the amount of his / her funeral expenses. I understand that if I fail to carry out this undertaking any funeral grant received must be repaid to the Social Security Office.

PLEASE ANSWER THE FOLLOWING QUESTION

If a single woman or widow, or if a single man or widower : Were you at date of death of the dececeased living with him or her as his / her wife or husband? Yes No

I attach the following documents :

- a) Death certificate of deceased person
- b) Certificate of marriage;
- c) Evidence of cohabitation;
- d) Receipt for the amount of funeral expenses paid by me.
- e) Undertaker's bill for outstanding funeral expenses.

NOTE : If there are any uncashed benefit vouchers / orders relating to the deceased these should be returned to the Social Security Office together with this claim.

I claim Funeral Grant in respect of the Insured Person's death being an Insured Person and was the spouse of the deceased.

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

Signature of claimant.....

Date

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dd mm yy

Claim must be submitted within six (6) months of deceased death.