



# SOCIAL SECURITY FUND

Form : LC\_5

E. KARNEY OSBORNE BUILDING  
P.O. BOX 170 . LITTLE BAY . MSR 1120 . MONTERRAT . TEL (664) 491-2567 /3667 . FAX (664) 491-6145  
WEBSITE: www.socialsecurity.ms / Email: operations@socialsecurity.ms

## 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 

dd	mm	yy		

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

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 :** Justice of the Peace, Notary Public, Physician, Minister of Religion, 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 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		