SOCIAL SECURITY BOARD

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CLAIM FOR FUNERAL GRANT

(Chapter 44, Laws of Belize)

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WARNING: Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefits commits an offence punishable by fine or by imprisonment or both. The claimant is also liable to repay any sum received on a false basis.

FOR OFFICIAL USE ONLY	
Date Claim Recd:	
Officer:	
Claim No:	

Enter Name as per SS Registration Card

SOCIAL SECURITY NO.

CLAIMANT'S PERSONAL INFORMATION

Name: _____

P.O. Box No: _____ Date of Birth: MM DD YYYY

2

House No. & Street Address: _____

City/Town/Village: _____

District: _____

Tel/Fax: _____

Email address: _____

PARTICULARS OF DECEASED

SOCIAL SECURITY NO.

Date of death: MM DD YYYY

3

Certified cause of death: (a) _____

and / or (b) _____

Name of last employer: _____

Occupation: _____

Was the deceased receiving a benefit?: Yes _____ No _____ Benefit type: _____

METHOD OF BENEFIT PAYMENT

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Deposit to a bank or credit union: ☐ To be picked up: ☐

Name of Bank: _____ Location of Branch: _____

Account Number: _____ Name of Account Holder: _____

DECLARATION

I, the above named claimant hereby declare that I am the: _____ of the deceased person.

(State relationship to deceased)

I claim Funeral Grant in respect of: Spouse ☐ Dependent Child ☐

Deceased Insured Person (DIP) ☐

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I have paid ☐ or am liable to pay ☐ $ _____ in funeral expenses.

I attach:

(a) Death Certificate of the deceased person. ☐

(b) Receipts for the funeral expenses I have paid. ☐

(c) Social Security Registration Card (R8) for Deceased Person. ☐

(d) Birth Certificate of child ☐

(e) Marriage Certificate ☐

I have read (been read) and understand the warning statement.

SIGNATURE OF CLAIMANT: _____ DATE: _____

If you are unable to sign this claim yourself, it may be signed on your behalf by someone else who should state he or she has done so.

FOR OFFICIAL USE ONLY

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Decision: _____ Cheque No.: _____

Signature: _____ Amount: _____

Date: _____ Date: _____