

PART III. DOCUMENTS TO BE PROVIDED

Note: (a - d) applies to all claims for Funeral Grant in addition to (e - g) or (h & i), whichever applies

- (a) Original Death Certificate of the Deceased Person, and
- (b) Original Receipts for the funeral expenses in the applicant's name who paid for the funeral expenses; or
- (c) Original Invoice or Pro-Forma in the applicant's name who is liable to pay for the expenses, and
- (d) Social Security Registration Card of the Deceased Person (if available), and

FOR DEPENDENT CHILDREN

- (e) Birth Certificate of **Dependent Child** (if a Registration Card is not available), and
- (f) Proof of Education (a letter from the school) if Dependent Child is over **16 years** and receiving full time education
- (g) Still Birth Notification Form issued by the Ministry of Health at public hospital/clinics

FOR SPOUSE/Common-Law Union

- (h) Original Marriage Certificate; or
- (i) A declaration from a Justice of the Peace for common-law union attesting to the relationship

I declare that the information given above is true to the best of my knowledge.

_____ / _____ / _____
 SIGNATURE CLAIMANT'S FULL NAME IN PRINT DAY MONTH YEAR

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

FOR OFFICIAL USE ONLY

Decision on Funeral Grant Claim

Allowed Disallowed

If disallowed, state the reasons for disallowance: _____

Amount of Grant: \$ _____ Cheque Number: _____ Date: _____ / _____ / _____
DAY MONTH YEAR

Amount of Deductions: \$ _____ Receipt Number: _____ Date: _____ / _____ / _____
DAY MONTH YEAR

Please indicate reasons for deductions from grant, if any: _____

Claim Processing

Processing Officer: _____ / _____ / _____
NAME IN PRINT SIGNATURE DAY MONTH YEAR

Authorizer (AA/ADMIN): _____ / _____ / _____
NAME IN PRINT SIGNATURE DAY MONTH YEAR

Relevant Notes: _____