



SOCIAL SECURITY BOARD CLAIM FOR FUNERAL GRANT

(Chapter 44, Laws of Belize)

1 **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

CLAIMANT'S PERSONAL INFORMATION

SOCIAL SECURITY NO.		

Name: _____

P.O. Box No: _____ Date of Birth:

MM	DD	YYYY

House No. & Street Address: _____

City/Town/Village: _____

District: _____

Tel/Fax: _____

Email address: _____

2

PARTICULARS OF DECEASED

SOCIAL SECURITY NO.		

Date of death:

MM	DD	YYYY

Certified cause of death: (a) _____

3 and / or (b) _____

Name of last employer: _____

Occupation: _____

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

3

METHOD OF BENEFIT PAYMENT

4

Deposit to a bank or credit union:

Name of Bank: _____ To be picked up:

Account Number: _____ Location of Branch: _____

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)

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

5

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.

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FOR OFFICIAL USE ONLY

Decision: _____	Cheque No.: _____
Signature: _____	Amount: _____
Date: _____	Date: _____