

**SOCIAL SECURITY ORDINANCE, 1979**  
**CLAIM TO PARENT'S SURVIVORS/DEATH BENEFIT**

**FOR OFFICIAL USE**

Warning: Any person knowingly makes a false statement or representation for the purpose of obtaining benefit for himself or for some other person commits a criminal offence punishable by a fine and or imprisonment

CLAIM NO. \_\_\_\_\_

Particulars of Deceased Person

SOCIAL SECURITY NO

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Full Name: \_\_\_\_\_

Last address: \_\_\_\_\_

Date of birth on official birth certificate: \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Note: If death resulted from employment injury or disease, a medical certificate is required on Form obtainable from a Social Security Office.

Claim:

(a) Are you receiving any pension, any income from an occupation or any other source?

Yes/No. . . . .

(b) If the answer to (a) is "yes", state the amount and the source of income.

.....

(c) Were you living with the deceased on the date of his/her death? Yes/No. . . . .

(d) If you lived with the deceased, since what date? . . . . .

(e) If you did not live with the deceased during the last five years, state what amounts of money did you receive from him/her every week, month or year during the last five years:

.....

(f) Give the full addresses and ages of any other sons and daughters, if any,

_____	_____
_____	_____

(g) How much money have you received from your other sons and daughters, if any, every week, month or year during the last five years? . . . . .

(h) If father and mother of deceased are claiming?

(i) Are you living together? Yes/No . . . . .

(ii) Are you legally married? Yes/No . . . . .

I/We claim benefit in respect of death of the above named my/our son/daughter, whose death certificate is attached.

I/We attach my/our birth certificate(s).

I/We declare that the information given above is true to the best of my/our knowledge and belief.

Date: . . . . . Signature of Claimant . . . . .

**FORM SVB4**