

NATIONAL INSURANCE AND SOCIAL SECURITY ACT 1969

CLAIM FOR FUNERAL GRANT

**WARNING:-** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

PART 1 PARTICULARS OF DECEASED INSURED PERSON

SURNAME OF DECEASED INSURED PERSON .....  
(Block Letters)

OTHER NAMES .....  
(Block Letters)

N.I. No. OF DECEASED PERSON (if any) 

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LAST ADDRESS .....

NAME OF LAST EMPLOYER .....

ADDRESS .....

DATE OF BIRTH 

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DATE OF DEATH 

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CERTIFIED CAUSE OF DEATH .....

OCCUPATION AT TIME OF DEATH .....

PART 2 PARTICULARS OF CLAIMANT

NAME OF CLAIMANT (SURNAME FIRST) .....  
(Block letters)

N.I. No. OF CLAIMANT (if any) 

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ADDRESS .....

TO: General Manager, National Insurance:

I hereby claim funeral grant in respect of the above-named deceased person by virtue of his/her/my\* National Insurance Contributions.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you related to the Insured deceased person? Yes/No\*

If related, in what capacity? .....

If not related, in what capacity are you making claim - Administrator/Executor/Others\*

(please specify) .....

Who has paid, or is liable to pay the funeral expenses of the deceased person? .....

Was the death due to Industrial Accident? .....

\*Delete where inapplicable

**CLAIM FOR FUNERAL GRANT CONTINUED**

I attach the documents listed below:-

1. A copy of the deceased person's certificate of death or cause of death.

2. His/her Social Security Card bearing number 

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3. Receipt(s) and/or bill for cost of funeral.

If any of the above documents are not submitted with this claim, please give reasons .....

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Date: ..... Signature or mark of claimant: .....

Witness to mark where claimant cannot sign.

Name: .....

Occupation: .....

Address: .....

Date: .....