

NATIONAL INSURANCE ACT, 1986

CLAIM FOR FUNERAL GRANT

PARTICULARS OF DECEASED INSURED PERSON

Name of deceased						
	Surname) (Chri	stian name)				
National Insurance nui		_				
Canadian Social Insura	ance number is		_			
Last Address:	(No. and stre					
	(City, town o					
Name of last Employe	er					
D M Date of birth:	Y Date of deat	D M h:				
Certified cause of dea	.th			Occupation	n	
Has the deceased ever () yes () no. If yes kir	worked or lived in a co	untry other	than Saint V	incent and th	ne Grenadin	es?
Name of country	Social Insurance number in that	Residence		Employment]
	country	Y-M	Y-M	Y-M	Y-M	_
						-
						_
						_
Name of Claimant						
	(Surname)		(Christian na	mes)		
Address	(Na and star					
	(No. and stre	et, Apt. No.)			

(City, town or village)

To: The Director National Insurance Services

I, the above named claimant hereby declare that I am

(State relationship if any, to the deceased)

to the deceased insured person named above and that I

I <u>have paid*</u> am liable to pay the amount of the funeral expenses

(* Words not applicable should be deleted)

I attach the following documents:

- (a) Death Certificate of the deceased insured person;
- (b) Receipt for the amount of funeral expenses paid by me;
- or (c) Undertaker's bill for outstanding funeral expenses NOTE: If there are any uncashed benefit vouchers/pension orders relating to the deceased these should be returned to the National Insurance Office together with this claim.

I hereby claim Funeral Grant in respect of the insured person's death.

Date

WARNING: Any person who knowingly makes any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.