



**NATIONAL INSURANCE ACT, 1986**

***CLAIM FOR FUNERAL GRANT***

**PARTICULARS OF DECEASED INSURED PERSON**

Name of deceased

Insured Person .....  
(Surname) (Christian name)

National Insurance number is |\_|\_|\_|\_|\_|\_|\_|\_|\_|

Canadian Social Insurance number is |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Last Address: .....  
(No. and street, Apt. No.)  
.....  
(City, town or village)

Name of last Employer .....

Date of birth: |\_|\_|\_|\_|\_|\_| Date of death: |\_|\_|\_|\_|\_|\_|  
D M Y D M Y

Certified cause of death ..... Occupation .....

Has the deceased ever worked or lived in a country other than Saint Vincent and the Grenadines?

( ) yes ( ) no. If yes kindly list below

Name of country	Social Insurance number in that country	Residence		Employment	
		Y-M	Y-M	Y-M	Y-M

Name of Claimant.....  
(Surname) (Christian names)

Address .....  
(No. and street, 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 have paid\* the amount of the funeral expenses  
am liable to pay

(\* 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.

Signature of Claimant .....  
(or person authorized to sign on behalf of claimant)

Date .....  
D-M-Y

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.