



# NATIONAL INSURANCE ACT, 1986

## CLAIM FOR FUNERAL GRANT

### PARTICULARS OF DECEASED INSURED PERSON

Name of deceased Insured Person .....  
(Surname) (Christian name)

National Insurance No.					

Last Address .....

Name of last Employer .....

Date of Birth 

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Date of Death 

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

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

Full Address .....

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 .....

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.