NATIONAL INSURANCE ACT, 1986

CLAIM FOR FUNERAL GRANT

PARTICULARS OF DECEASED INSURED PERSON

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

Last Address …………………………………………………………………………………
………………………………………………………………………………………………

Name of last Employer ……………………………………………………………………..

Date of Birth        Date of Death

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.

Form F.G. 1