

GIVE PARTICULARS OF THE CHILDREN OF THE CHILDREN OF THE DECEASED

PERSON

Name of Child/ Children	Sex M/F	Father's Name	Mother's Name	Date of Birth	Place of Birth

(ATTACH THE BIRTH CERTIFICATE OF EACH CHILD UNDER 18 YEARS)

I hereby declare that I have lived with the said _____ now deceased as

*Husband/Wife/Common Law Husband/Common Law Wife from _____ the day of

Signature/Mark _____

Date _____

I declare that the foregoing information is true in all particulars. I understand that a false statement or misrepresentation makes me subject to a penalty under the National Insurance Corporation Act 2000.

Date

Signature or Mark of Claimant

If unable to sign, mark X and have it witnessed by a responsible person (Lawyer, J.P., Doctor, Senior Civil Servant on permanent establishment, etc.)

Signature _____

Name of Witness _____

Profession or Occupation _____

Address _____

Date _____