



Social Security Board  
P.O. Box 698  
Road Town, Tortola  
Virgin Islands  
Tel: [1-284-852-7800](tel:1-284-852-7800)/Fax: 1-284-494-6022  
Email: [info@bvissb.vg](mailto:info@bvissb.vg)/Website: [www.bvissb.vg](http://www.bvissb.vg)

**CERTIFICATE OF DECLARATION FOR COMMON LAW SPOUSE**

**Please use Capitals Letters**

This is to certify that I ..... and .....  
(Claimant) (Common Law Spouse)

lives together in the same house, as Common Law Spouses from ..... to  
(Date)

.....  
(Date)

- Marital Status of Female
- Single
- Divorced
- Married

- Marital Status of Male
- Single
- Divorced
- Married

**(If divorced, please submit legal document.)**

Identify two persons **(Not Relatives)** for confirmation of the above information.

(1) Name .....  
Address.....  
Telephone Number.....

(2) Name .....  
Address.....  
Telephone Number.....

We solemnly declare that the above information is true and correct to the best of our knowledge and belief.

Claimant.....  
(Signature) (Date)

Common Law Spouse.....  
(Signature) (Date)

WITNESSED BY:

.....  
Notary Public

.....  
Date

**COMPANY STAMP**