



Social Security Board
P.O. Box 698
Road Town, Tortola
Virgin Islands
Tel:1-284-852-7810 | Fax: 1-284-494-6022
Email: info@bvissb.vg | Website: www.bvissb.vg

DEATH BENEFIT CERTIFICATE FOR EMPLOYMENT INJURY

NAME: _____ SOC. SEC. NO. OF DECEASED

MAILING ADDRESS: _____

TEL. NO. _____ Email Address _____

Strike out what does not apply and tick (✓) the appropriate box.

- 1. Have you cohabited since the death of your spouse? Yes No
- 2. Have you remarried? (If yes, enclose Marriage Certificate). Yes No
- 3. Are Beneficiaries still enrolled in full-time education?
(proof of attendance in full-time education is required for child/children 15 years and over). Yes No
- 4. Are beneficiaries living with you? Yes No
(If no, give name, telephone number and address of guardian below)

Name: _____ Tel. No. _____

Address _____

Your address (if different from above)

I declare that all the information given in this document is true. I understand that giving false or misleading information is a serious offense punishable by law.

Print Name of Claimant Signature of Claimant Date

TO BE CERTIFIED BY ANY OF THE FOLLOWING PERSONS BY TICKING (✓) THE SPECIFIC PROFESSION:

Notary Public Justice of Peace Commissioner of Oaths Senior Social Security Official Pastor

I the undersigned hereby certify that the questions were answered in my presence; that I personally know the signer or that satisfactory evidence to identify the signer has been examined by me and that I have no specific knowledge or reason to believe that the signer has not understood the questions, or not responded truthfully.

Printed Name Signature Profession

Contact Number Date

OFFICIAL STAMP/SEAL