



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

SURVIVOR'S CERTIFICATE

NAME : _____ SOC. SEC. NO. _____
OF DECEASED _____

MAILING ADDRESS: _____

Telephone Number(s) _____ 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(s) _____

Address _____

Your address (if different from above)

I declare that 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

Date

Profession

Contact Number

OFFICIAL STAMP/SEAL