

AFFIDAVIT FOR DEATH BENEFIT CLAIM

I, _____, of legal age, single/married and presently residing at _____ having been sworn according to law, depose and say:
 That I am the _____ of the late _____, who died at _____ on _____.

That the names and pertinent data of the aforementioned deceased member's immediate relatives and next to kin are as follows:

LEGITIMATE HUSBAND/WIFE	DATE & PLACE OF MARRIAGE	ADDRESS (if dead, give date and place of death instead)
COMMON-LAW HUSBAND/WIFE	DATE OF UNION	ADDRESS (if dead, give date and place of death instead)

LEGITIMATE/ LEGITIMATED/ LEGALLY ADOPTED CHILDREN	DATE/ PLACE OF BIRTH	(if minor, give name, address and relationship of guardian)

ILLEGITIMATE CHILDREN	DATE/ PLACE OF BIRTH	ADDRESS

MOTHER/FATHER	ADDRESS (if dead, give date and place of death instead)	LEGALLY MARRIED? YES <input type="checkbox"/> NO <input type="checkbox"/>

That affiant further certify that the documents establishing the fact/s of _____ such as the _____ could not be submitted for the following reasons: _____

FURTHER, AFFIANT SAYETH NAUGHT.

AFFIANT

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__ affiant having exhibited to me his/her Res. Cert. No. A- _____ issued at _____ on _____, 20__.

NOTARY PUBLIC
 Until _____

DOC NO.: _____

PAGE NO.: _____