



**NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION**

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**FORM 29: DEATH BENEFIT CLAIM FORM**

Claim arising from the death on \_\_\_\_\_ of  
(insured person) \_\_\_\_\_  
S/S/D/ of \_\_\_\_\_

Insurance No:

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And last employed as \_\_\_\_\_ by \_\_\_\_\_  
I/We the following, being the widow widower child grandparent of the deceased insured person whose particulars are given above, apply for DEATH Benefit in respect of his/her death.

Name of the Dependents	Date of Birth or Age	Relationship with the deceased	Sex	Marital Status	Name of the guardian in case of a minor
1	2	3	4	5	6

See Reverse side to continue

**FORM 29 Cont'd**

So far as I/We know the following are the only dependents who maybe entitled to death benefit in respect of the death of the above named insured person:

Name of the Dependents	Date of Birth or Age	Relationship with the deceased	Sex	Marital Status	Name of the guardian in case of a minor
1	2	3	4	5	6

I/We declare that the particular given above are true to the best of our knowledge and belief.

Signature

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parents Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certified that the declarations made above are true to the best of my knowledge and belief.

Rubber Stamp or Seal  
 Of the Authority

Signature \_\_\_\_\_

Designation \_\_\_\_\_

**IMPORTANT**

Any Person who makes a fake statement or representative for the purpose of obtaining benefit whether for himself or for some other person renders himself liable to prosecution.

This certificate is to be given be a magistrate or justice of the Peace or Commissioner, workman's Compensation Law or Notary Public or Commissioner of Oaths or any other authority by corporation: