



NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION  
[www.nasscorp.org.lr](http://www.nasscorp.org.lr) 15<sup>th</sup> Street & Payne Avenue, Monrovia [nasscorp@nasscorp.org.lr](mailto:nasscorp@nasscorp.org.lr)

FORM 31: FUNERAL BENEFIT CLAIM FORM

Claim arising from the death on \_\_\_\_\_ of  
(Insured person) \_\_\_\_\_ Age \_\_\_\_\_ year  
S/W/D/ of \_\_\_\_\_

Having Insurance No:

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employed as \_\_\_\_\_

\*I \_\_\_\_\_ age \_\_\_\_\_  
years, being member of the family of the deceased insured person whose particulars are given above  
(state relationship), declare that I incurred an expenditure of \$ \_\_\_\_\_  
\_\_\_\_\_ necessary for the funeral of the said deceased person and claim  
funeral benefit of the amount of  
\$ \_\_\_\_\_

Signature or right thumb impression of the claimant

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\*Certified that the declaration made above are true to the best of my knowledge and belief

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

See Reverse side to continue

Rubber Stamp or Seal or the  
Attesting Authority

NOTE: In Case of minor, the guardian should sign the claim on behalf of the minor and add the following words below his signature

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FUNERAL BENEFIT

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(Name of the minor) through \_\_\_\_\_

(Name of the guardian) his/her \_\_\_\_\_

(Relationship) \_\_\_\_\_

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Strike out which ever is not applicable.

This certificate is to be given by a Magistrate or Justice of the Peace or Commissioner Workman's Compensation.

Law or Notary Public or Commissioner of Oaths or any other authority approved by the Corporation.