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Stamp and date of receipt

Claim for Death Grant in respect of a child

- 1. The Claim should be submitted within six months of the death, as any delays will result in loss of the grant.
- 2. When claiming for a Death Grant you are required to produce the child's birth certificate, receipt of funeral expenses and death certificate.
- 3. The claimant should be the person who incurs the cost of the funeral.
- 4. A claim for a Death Grant may only be paid if either parent or the person who maintained or resided with the child is in insurable employment and satisfies the contribution conditions.
- 5. If any of the documents are not readily available, please do not delay in submitting your claim as this could result in loss of payment.
- 6. This form, when completed, must be returned without delay, to the Department of Social Security, unit 79/80 Harbours Walk, New Harbours, Gibraltar.

Part 1: Particulars of the deceased child

Full name	
Address	

Part 1: Particulars of the deceased child (continued)

Date of birth	/ /	
Date of death	/ /	
ID card number		
Was any benefit being paid on behalf of the deceased?	No	
decassa.	Yes	
If you answered Yes , state which benefit and the amount of		
benefit received		
Part 2: Particular	s of claimant	
Full name		
Address		
Home phone number		
Mobile phone number		
Are you related to the deceased?	No Yes	
If answered Yes , please state		

relationship	
Part 2: Particulars	of claimant (continued)
Are you meeting the cost of the burial or cremation	No Yes
If you answered No , please state the name of the person who is	
Part 3: Particulars is based	of person on whose social insurance record this claim
Full name	
L	
Address	
_	
Tax Reference Number	
ID Card Number	
What is the relationship with the child?	Mother
	Father
	Person child resided with

Part 4: Working abroad

If you answered **Yes**, what was their social security number?

If at any time, the person on whose social insurance record the claim is based, worked in another EU country or Iceland, Liechtenstein, Norway or Switzerland, please complete questions below.

Country 1 Name of the country he/she worked in Dates he/she worked From there To / / Did they pay into the Don't social security scheme know of the country? No Yes If you answered Yes, what was their social security number? **Country 2** Name of the country he/she worked in Dates he/she worked From / / there То / Did they pay into the Don't social security scheme know of the country? No Yes

Part 5: Bank details

1. Bank account or building society account of claimant

Please provide details of the financial institution where you want your benefit payment to be made. You will find the account details on the chequebook, passbook or on the bank statements. If you do not have a bank account or building society account and you wish to have the benefit payment paid into someone else's bank account please go to **section 2** below.

Full name of bank or building society															
Name of the account holder (The account must be in your name or held jointly)															
Sort code] -] –									
Account number															
More information if it	is a b	uild	ing s	ocie	ety a	ccoı	unt								
If you are using a build may be made up of lett the account has a roll o	ter ar	nd ni	umb	ers,	and I	may	be ι	ıp to	18	char	acte				
Building society account number															

Part 5: Bank details (continued)

2. Bank details of third party

Bank account or building society account in which you have authorised payment of benefit to be made.

Please note that your benefit payment can be paid into someone else's account (third party). The account holder should be someone that you trust, usually a relative or close friend.

Please provide details	of the third party account holder.
Full name of bank or building society	
Name of the account holder	
Sort code	
Account number	
More information if it	is a building society account
may be made up of let	ling society account you may need to tell us a roll or reference number. This ter and numbers, and may be up to 18 characters long. If you are not sure if or reference number, ask the building society.
Building society account number	

Part 6: Other information

 Use this space to tell us anything else you think we might need to know. You can continue on a separate piece of paper if you need to. If you continue on a separate piece of paper, make sure you; Write your full name, address and ID card number on it and attach it to this claim form; and Sign and date it. 							

Part 7: Declaration

I understand that if I knop prosecution or other action	• . •	ormatio	n that is incorre	ct or incomplete, I may be liable to
Signature				
Date	1	/	/	

I declare that all the statements on this form are true to the best of my knowledge and belief.

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.