



Claim No.
Stamp and date of receipt

Claim Form for Death Grant in respect of an adult

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 birth certificate (only if the deceased was not in receipt of an Old Age Pension), 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 the deceased or the deceased's spouse or civil partner were in insurable employment and satisfy 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, 14 Governor's Parade, Gibraltar.

Part 1 : Particulars of the deceased

Full name

Address

Part 1 : Particulars of the deceased (continued)

Date of birth

Date of death

Tax Reference
Number

ID card number

Did the deceased leave
a spouse or civil
partner?

No

Yes

If the deceased was
either married, in a
civil partnership,
widowed or a surviving
spouse please state
the full name of the
spouse or civil partner

On whose insurance
is this claim based?
(Please tick(✓) box)

Deceased

Deceased's
spouse or
civil partner

Was the deceased in
receipt of any social
security benefit
payable in Gibraltar?

No

Yes

If you answered **Yes**,
state which benefit
and the amount of
benefit received

Part 2 : Particulars 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

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 : Working abroad

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 there From

To

Did they pay into the social security scheme of the country?
Don't know
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 there From

To

Did they pay into the social security scheme of the country?
Don't know
No
Yes

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

Part 4 : 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

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Account number

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

<input type="text"/>																	
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Part 4 : 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

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Account number

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

<input type="text"/>																		
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Part 5 : 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 6 : Declaration

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

I **understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature

Date

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.