



Department of Social Security

HM Government of Gibraltar

Stamp and date
of receipt

Life certificate form

Full name

Address

ID card number

Date of birth

Client ID number

Claim number

I declare that I am the person named above. I understand that if I give information that is incorrect or incomplete, action may be taken against me.

Signature

Date

Witness declaration

I certify that the above declaration was signed in my presence by the person named above.

Signature of witness

Date

Name of witness

Address of witness

The witness must be a Justice of the Peace, Notary Public, Commissioner for Oaths, Minister of Religion, Medical Practitioner, Bank manager or Senior Civil Servant.