

SURVIVORS BENEFIT SPOUSE & INDUSTRIAL DEATH BENEFIT SPOUSE VERIFICATION

1. Have you remarried? Yes No
2. Employment Status: Employed Self-Employed Unemployed
3. If *Employed/Self-employed*, how much do you earn Weekly: \$ _____ / Monthly: \$ _____
 Employer's Name: _____ Address: _____ Tel: _____
4. Are you an invalid? Yes No
5. Do you have custody of any dependent or orphan children? Yes No
6. If "Yes", indicate below their names and whether they're attending school full-time:

Child's Full Name	Date of birth			Living with you?		Supported by you?		Attending school full-time?		Name of School
	dd	mm	yy	yes	no	yes	no	yes	no	

SURVIVORS BENEFIT PARENT/INDUSTRIAL DEATH PARENT VERIFICATION

1. Employment Status: Employed Self-Employed Unemployed
2. If *Employed/Self-employed*, how much do you earn Weekly: \$ _____ / Monthly: \$ _____
 Employer's Name: _____ Address: _____ Tel: _____
3. Are you an invalid Yes No

DECLARATION BY SANCTIONED AUTHORITY		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Office Seal or office stamp here </div>
Document used to identify Pensioner: _____ # _____		
"This is to certify that _____ is alive and has been interviewed by me on this _____ day of _____ 20_____"		
_____ Signature	_____ Full Name (Please Print)	_____ Position

DECLARATION BY PENSIONER		
<i>To be signed in the presence of the sanctioned authority</i>		
"I _____ do, hereby, declare that all of the information supplied by me on this form is true to the best of my knowledge and belief."		
_____ Signature or Mark of Pensioner	_____ Witness to Mark	_____ Date

NOTE: Any person who, for the purpose of obtaining a Benefit under Section 49(5) Chapter 350 Statute Laws of The Bahamas, either for himself or for some other person, knowingly makes false statements or submits false documents, shall be liable to a fine not exceeding \$2,500 or to imprisonment for up to twelve months or both.