| REPUBLIC OF THE PHILIPPINES) City / Municipality of) S.S. | | SSS FORM CLD - 1.3 A |
|---|--|---|
| Province of) | | |
| AFFID | AVIT FOR DEATH BENEFIT C | CLAIM |
| That I am the | of legal age, single/married a having been sworn accordi of the late | ng to law, depose and say: , who died at |
| That the names and immediate relatives and ne | on pertinent data of the aforementi xt to kin are as follows: | oned deceased member's |
| LEGITIMATE HUSBAND/WIFE | DATE & PLACE OF MARRIAGE | ADDRESS (if dead, give date and place of death instead) |
| COMMON-LAW HUSBAND/WIFE | DATE OF UNION | ADDRESS (if dead, give date and place of death instead) |
| LEGITIMATE/ LEGITIMATED/ LEGALLY ADOPTED CHILDREN | DATE/ PLACE OF BIRTH | (if minor, give name, address and relationship of guardian) |
| | | |
| | | |
| ILLEGITIMATE CHILDREN | DATE/ PLACE OF BIRTH | ADDRESS |
| | | |
| | | |
| MOTHER/FATHER | ADDRESS (if dead, give date and place o | |
| | | YES NO |
| such as | r certify that the documents e the could | |
| following reasons: FURTHER, AFFIANT | | |
| | _ | AFFIANT |
| | WORN TO before me this day er Res. Cert. No. A , 20 | |
| | | DTARY PUBLIC |
| DOC NO.: | | |
| PAGE NO.: | | |