

Please print all information in CAPITAL LETTERS and use BLACK INK only

**PART I : DETAILS OF DEATH REPORTER**

Name of death reporter	<input type="text"/>
Current Postal / Contact Address of Death Reporter	<input type="text"/>
Telephone Number	<input type="text"/>
Fax	<input type="text"/>
email	<input type="text"/>
Current Residential Location of Death Reporter	<input type="text"/>
Relationship of Death Reporter to Deceased Member	<input type="text"/>

**PART II : DETAILS OF DECEASED MEMBER**

Social Security Number	<input type="text"/>
Is Social Security Card Attached ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex of Deceased Member	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Deceased Member	<input type="text"/>
Last Residential Location of Deceased Member	<input type="text"/>
Hometown of Deceased Member	<input type="text"/>
Last Place of Work of Deceased Member	<input type="text"/>
Date of Death	<input type="text" value="DD/MM/YYYY"/>
Cause of Death	<input type="text"/>
Status of Deceased Member	<input type="checkbox"/> Pensioner <input type="checkbox"/> Non Pensioner
Place of Death	<input type="text"/>
Burial Place	<input type="text"/>
Evidence of Death Attached	<input type="checkbox"/> Death Certificate <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters From Employer <input type="checkbox"/> Burial Permit / Extract <input type="checkbox"/> Affidavit from Chief of village / Town or Community Leader <input type="checkbox"/> Affidavit from religious leader
Name of Next of kin / Customary successor Of deceased member	<input type="text"/>
Current Residential Location of Next of Kin / Customary Successor of deceased member	<input type="text"/>

**NAME OF FATHER OF DECEASED MEMBER**

Surname	<input type="text"/>
First Name	<input type="text"/>
Other Name (s)	<input type="text"/>

**CURRENT RESIDENTIAL LOCATION OF FATHER OF DECEASED MEMBER**

**NAME OF MOTHER OF DECEASED MEMBER**

Surname	<input type="text"/>
First Name	<input type="text"/>
Other Name (s)	<input type="text"/>

**CURRENT RESIDENTIAL LOCATION OF MOTHER OF DECEASED MEMBER**

NAMES OF SPOUSE(S) OF DECEASED MEMBER	AGE	CURRENT RESIDENTIAL LOCATION OF SPOUSE(S) OF DECEASED MEMBER

NAMES OF CHILDREN OF DECEASED MEMBER	AGE	POSTAL/CONTACT ADDRESSES OF CHILDREN OF DECEASED MEMBER

NAMES OF BROTHERS & SISTERS OF DECEASED MEMBER	AGE	POSTAL/CONTACT ADDRESSES OF BROTHERS & SISTERS OF DECEASED MEMBER

**NAME OF HEAD OF FAMILY OF DECEASED MEMBER**

**CURRENT RESIDENTIAL LOCATION OF HEAD OF FAMILY OF DECEASED MEMBER**

**PART VI : DECLARATION**

I, the undersigned, being the person reporting the death of the above named deceased member of the scheme, do hereby declare that the facts stated above are true and accurate

LEFT THUMB PRINT		
		INDEX
		3
		4
		5

Tick which finger was used

RIGHT THUMB PRINT		
INDEX		
3		
4		
5		

Signature of Death Reporter

Date of Completion

DD / MM / YYYY

**Witness** : Name of SISF Schedule Officer

Signature of SISF Schedule Officer

DD / MM / YYYY

Date