

**NATIONAL INSURANCE ACT, 1965  
CLAIM FOR  
ORPHAN'S BENEFIT**

FOR OFFICIAL USE	
Claim No.	<input type="text"/>
Nat. Ins. No.	<input type="text"/>
IMPORTANT: Please read the instructions on page 5 before completing.	Date stamp of Local Social Security Office indicating date of receipt of claim:

This benefit is explained in the leaflet Orphan's Benefit which is available at any Social Security Office

**PART I. PARTICULARS OF CLAIMANT**

**(NOTE: In the case of a man and his wife living together the wife must make the claim.)**

- Name .....  
(First Name) (Middle Names) (Surname)
- Full Postal Address .....
- At what Post Office or Postal Agency would you wish to draw the Benefit? .....

**PART II. PARTICULARS OF EACH CHILD**

**(NOTE: If you want to claim for more than two children, give the names of the other children in Part V)**

PARTICULARS REQUIRED	FIRST CHILD	SECOND CHILD
4. (a) First and Middle Names  (b) Surname	  -----	  -----
5. Date of birth (Show day, month, year)		
6. Has the child ever been legally adopted? (Yes or No)		
7. Particulars of child's father (If the child has been legally adopted, the adoptive father)		
(a) First and Middle names	-----	-----
(b) Surname	-----	-----
(c) Date of birth	-----	-----
(d) Date of death	-----	-----
(e) National Insurance Number	-----	-----

PARTICULARS REQUIRED	FIRST CHILD	SECOND CHILD
<p>8. Particulars of child's mother (If the child has been legally adopted, the adoptive mother)</p> <p>(a) First and Middle names</p> <p>(c) Surname</p> <p>(c) Maiden Surname</p> <p>(d) Date of Birth</p> <p>(e) Date of Death</p> <p>(f) National Insurance Number</p>		
<p>9. (a) Date of parent's marriage</p> <p>(b) Were the parents divorced? (Yes or No)</p>		
<p>10. What is your relationship to the child? (If not related, write "None")</p>		
<p>11. (a) Is the child living with you? (Yes or No)</p> <p>(b) If "Yes", from what date?</p>		
<p>12. (a) Is the child wholly maintained by you? (Yes or No)</p> <p>(b) If "Yes", from what date?</p>		
<p>13. Are you, or is anyone else, claiming or receiving in respect of the child any other benefit under the National Insurance Act, or any allowance from a Local Authority, or any other payment out of public funds?</p> <p>(Yes or no – If "Yes", please give details)</p>		

**PART III. PARTICULARS OF PARENTS' EMPLOYMENTS**

	FIRST CHILD	SECOND CHILD
14. List the employers of each parents over the last twelve months.		

**PART IV. SUPPORTING DOCUMENTS**

	FIRST CHILD	SECOND CHILD
15. If you have any of the following documents please send them with this form, but if they are not available do NOT delay making the claim. Please put a check mark (✓) against those which are enclosed.		
(a) Birth Certificate of child	<input type="checkbox"/>	<input type="checkbox"/>
(b) Marriage Certificate of parents	<input type="checkbox"/>	<input type="checkbox"/>
(c) Death Certificate of child's father	<input type="checkbox"/>	<input type="checkbox"/>
(d) Death Certificate of child's mother	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any National Insurance Stamp Card that either parent had at time of death	<input type="checkbox"/>	<input type="checkbox"/>
(f) Any National Insurance pension order book that either parent had at time of death	<input type="checkbox"/>	<input type="checkbox"/>

**PART V. PARTICULARS OF ADDITIONAL CHILDREN**

PARTICULARS REQUIRED	THIRD CHILD	FOURTH CHILD
16. (a) First and Middle names		
(b) Surname		
(c) Date of Birth		
	FIFTH CHILD	SIXTH CHILD
17. (a) First and Middle names		
(d) Surname		
(c) Date of Birth		

18. Are the other particulars, such as parentage, similar to those for the two children named in Part II (Yes or No) .....

If "No", you may write the particulars for the additional children on a separate sheet of paper, or you may use a second claim form as a continuation sheet; in either case securing that other paper to this form.

PART VI. DECLARATION AND CERTIFICATE

**WARNING ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT ON THIS FORM IS LIABLE TO PROSECUTION.**

Section A. Claimant's Declaration and Signature

**(NOTE: In the case of a man and his wife living together the declaration must be signed and dated by the wife)**

I declare that to the best of my knowledge and belief all the statements made on this form or on any attachments thereto are true.

I further declare that any benefit awarded to me will be used solely for the advantage of the orphan(s).

I undertake to notify the Local Social Security Office immediately whenever –

- (a) any child describe in the this claim becomes 18 years of age;
- (b) any child described in this claim is no longer in my care; or
- (c) any of the statements ceases to be true.

I claim Orphan's Benefit.

Signature or mark of claimant X.....

Date .....

Section B. Witness' Certificate and Signature

Cross out either (a) or (b) as appropriate.

I HEREBY CERTIFY THAT –

- (a) the claimant signed the above declaration in my presence

OR

- (b) the claimant made his mark to the above declaration in my presence

having declared his inability to read and write, the contents of the foregoing claim and declaration were first carefully read over and explained to him, when he expressed himself fully to understand the meaning and effect thereto and to intent the same and made his mark and declared thereto.

I ALSO CERTIFY that the claimant is known to me and that the particulars given are correct to the best of my knowledge and belief.

Signature of Witness XX.....

Date.....20.....

Address.....

.....

Occupation or Qualification.....

## INSTRUCTIONS

### PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE FORM.

- (1) Use this form to claim Orphan's Benefit.
- (2) Don't not put off claiming the benefit or your claim may be too late causing you to lose money.
- (3) Be sure to answer every question or there may be a delay in your getting a benefit.
- (4) Where a box (  ) is provided for your answer please place a check mark ( ✓ ) in the box next to the word that will answer the question.
- (5) Where you are asked to give a date please give the day of the month, the month and the year.
- (6) You should attach the certificates and other documents indicated in Part IV. You should not, however, delay the claim if they are not available. They can be sent later.
- (7) Before you fill up Part VI you must take the form to someone who knows you but is not related to you. You must fill out Section A of Part VI in the presence of that person and sign the form at "X". That other person should complete Section B and sign at "XX".
- (8) If you need any help in filling up this form you may get in touch with a local Social Security Office where you will get help. There is a local Social Security Office in each parish capital.
- (9) When you have completed this form you must take or send it to a local Social Security Office.