



**Deceased's Full Name:**

**Date of Birth:**

**Date of Death:**

**Your Full Name:** Mr/Mrs/Miss/Ms

**Your Date of Birth:**

**Your Address:**

**Name of Funeral Director:**

**Have you already paid the funeral costs?**    Yes                   No

If YES please provide bank details:

Bank name:                   Sort code:

Acc name:                   Acc number:

**I declare that the information given above is true and correct. I understand that to give false information may result in prosecution.**

**Signed:** .....

**Date:** .....

**Please Note:**

- Death Grant is normally made payable to the funeral director unless you have already paid it yourself.
- Your claim should be submitted within the next 28 days.
- If you need further information please call Pensions & Allowances on 222506.

 **Please return to Social Security, Edward T Wheadon House, Le Truchot, St Peter Port, GY1 3WH**

**How we collect and use information**

The Committee *for* Employment & Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at [www.gov.gg/dp](http://www.gov.gg/dp) or alternatively you may call 01481 221000 and request a paper copy.