



Please fill-up this form and furnish us the following documentary requirements:

1. Photocopy of the Pensioner's Death Certificate with Registry Number
2. Photocopy of valid ID of the person reporting the death.

REPORT OF DEATH

Name of Deceased Pensioner _____
(Last Name) (First Name) (Middle Name)

Date of Death of Pensioner _____ Gender _____
(Month / Day / Year)

Last Known Address of Deceased Pensioner:

Name of Veteran: _____

Name of Informant: _____

Present Address: _____

Relationship with the Deceased: _____

For late report of death, please state the reason:

Contact Nos. (Landline) : _____ (Cellphone): _____

(Signature Over Printed Name)

Date Submitted : _____

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(To be Accomplished by PVAO Employee)

CLAIM No. : _____

TYPE OF PENSIONS AVAILED: (Please Check)

- () Old Age Pension (Veteran)
- () Old Age Pension (Surviving Spouse)
- () Disability Pension
- () Death Pension

Received by: _____

Date : _____