

NOTE: THIS FORM MUST BE COMPLETED BY THE CLAIMANT FOLLOWING THE BURIAL SERVICE

PARTICULARS OF DECEASED

ID/Passport Number

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Date of Death

D	D	M	M	Y	Y	Y	Y
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Actual Date of Burial

D	D	M	M	Y	Y	Y	Y
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Actual Place of Burial

Actual Undertaker

Surname of Deceased

Full Names of Deceased

PARTICULARS OF FUNERAL

1. Was the burial service fully paid for? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Was the coffin (a) provided free of charge, (b) up to standard, and (c) at least to the value of N\$ 2,200-00? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Was the body of the deceased transported free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Was the body stored free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Was the body properly prepared? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Was the grave site provided free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Was the grave site properly prepared? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Was there 50 funeral programs provided free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Was a hearse/carriage provided free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Was a lowering device provided free of charge? If "No" , please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. How do you rate the overall services provided by the undertaker?	Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>

Full Names and Surname of Claimant		Full Names and Surname of Undertaker																	
ID/Passport Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																Capacity of Undertaker		
Contact of Claimant		Contact of Undertaker																	
Signature of Claimant		Signature of Undertaker																	
Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
<p>NOTE: The above signature must match the signature on the CLAIM Form This FORM and the UNDERTAKER'S INVOICE MUST BE EMAILED TO fbs@ssc.org.na</p>																			