WEST CENTRAL PHILIPPINE UNION MISSION (WCPUM)
WVC-ADRA Bldg., Cor. Jalandoni, Ledesma St., Brgy. Wilson, Iloilo City, 5000

Funeral Assistance Claim Form

Instructions: *Check the appropriate boxes. Write in capital letters on spaces provided.*

A. DECEASED RETIREE/SURVIVING SPOUSE INFORMATION

Date Filled: ____/____/ ____ (*mm/ dd/ yy)*
Date of Death: ____/____/ ____ (*mm/ dd/ yy)*
Title*:* ☐ *Mr.* ☐ *Ms.* ☐*Mrs.* ☐ *Dr.* Gender: ☐ *Male* ☐ *Female*
Name of Retiree: *Last* _____ *First*_____ *Middle Name:* _____
Date of Birth: ____/____/ ____ (*mm/ dd/ yy)* Date of Retirement*:* ____/ ____ (*mm/ yy)*
Civil Status: ☐*Single* ☐*Married* ☐*Widowed* ☐*Deceased*
Retirement Status: ☐*Basic* ☐ *Family*

For surviving spouse only:
Name: *Last* _____ *First*_____ *Middle Name:* _____

B. SPOUSE OR NEXT KIN DETAILS

Title: ☐ *Mr.* ☐ *Ms.* ☐*Mrs.* ☐ *Dr.* Gender: ☐ *Male* ☐ *Female*
Name: *Last* _____ *First*_____ *Middle Name:* _____
Date of Birth: ____/____/ ____ (*mm/ dd/ yy)*
Civil Status: ☐*Single* ☐*Married* ☐*Widowed*
Mobile Number: _____ Valid ID No.: _____ Email: _____
Relationship: ☐Spouse ☐Child ☐Relative ☐Others: *Please Specify*_____

C. REQUIRED DOCUMENTS

☐ Certified Copy of Death Certificate
☐ Dully filled Out Form
☐ Hospital Bill Statement
☐ Photo Copy of Valid ID with signature *(Retiree, Spouse or Kin)*

D. SPOUSE/KIN'S DECLARATIONS

*In relation to this funeral assistance claim, I*_____ *(Full name) of legal age, declare that the above information is true and correct to the best of my knowledge and that I am the lawful claimant of this funeral assistance.*

Signature/Thumbprint: _____ Date: _____

E. FOR OFFICIAL USE ONLY

Application Number: _____

Received by:

Name_____ Signature: _____ Date: _____

Approved By:
Name_____ Signature: _____ Date: _____

F. TREASURER'S OFFICE VERIFICATION

☐ Active Contributor

☐ No Outstanding Delinquency

☐ Eligible

Benefit Amount: ₱_____

Remarks: ☐*Approved* ☐*Denied* ☐*Lacking Requirements*

Additional Comments:

_____

_____

Verified by: _____ Signature: _____ Date: _____

G. RETIREMENT COMMITTEE ACTION

Amount Approved: ₱_____

Remarks: ☐*Approved* ☐*Denied* ☐*Lacking Requirements*

Additional Comments:

_____

_____

Chair Person: _____ Signature: _____ Date: _____

Approval Number: _____