



**BELIZE SOCIAL SECURITY BOARD
PENSIONER'S DECLARATION**

For Widows, Children, Parents/Guardians Receiving a Survivors Or Death Pension

SECTION 1: PENSIONER'S/GUARDIAN'S INFORMATION

Name of Pensioner _____
(First) (Middle) (Surname)

Social Security Number _____ Phone/Cell Number _____

Address _____
House Number and Name of Street

(City/Town/Village) (District)

SECTION 2: DECEASED INSURED PERSON'S INFORMATION

Name of Deceased Insured Person _____
(First) (Middle) (Surname)

Social Security Number _____

SECTION 3: WIDOW'S / GUARDIAN'S DECLARATION

Mark an X in the box next to the statement that is applicable:

I hereby declare that I am single and do not have a common-law spouse.

I hereby declare that I am fully responsible for the following children:

(First) (Surname) (First) (Surname) (First) (Surname) (First) (Surname)

I also declare that the following children who are **16 years and OVER** are still receiving full-time education:

(First) (Surname) (First) (Surname) (First) (Surname) (First) (Surname)

SECTION 4: PARENTS DECLARATION

Please indicate whether you are employed: YES NO

If YES, indicate period of employment _____ to _____
DD/MM/YY DD/MM/YY

SECTION 5: Pension Declarations must be witnessed by a Justice of the Peace, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Physician or Social Security Officer.

I _____ declare that _____
(Name of Witness) (Name of Pensioner)

came before me this _____ day of _____ 20____ and signed his/her name below attesting to the information he/she provided.

Signature of Pensioner _____ Date _____
DD/MM/YY

Signature of Witness _____ Date _____
DD/MM/YY

Position _____

Address _____
House Number and Name of Street

(City/Town/Village) (District)



Note: Pensioner's Declarations are due in June and December yearly.