



ANTIGUA & BARBUDA SOCIAL SECURITY BOARD

LONG STREET, P.O .Box 1125

ST. JOHN'S, ANTIGUA

TEL: (268) 736-3000/1/2/3

FAX: (268) 481-3090

E-mail: socsec@socialsecurity.gov.ag

LIFE CERTIFICATE [LOCAL]

PENSIONER'S FULL NAME: _____

Social Security No.: **Pension No.:**

Type of Pension: AGE INVALIDITY SURVIVORS

Signature of Pensioner: _____ **Date:** _____

TO BE CERTIFIED BY TICKING ONE OF THE SPECIFIED PROFESSIONS BELOW:

Notary Public Medical Practitioner Bank Official Minister of Religion Social Security Staff
Lawyer Registered Nurse School Principal Member of Parliament Retired Senior Soc. Sec Staff
Snr. Civil Servant

I, the undersigned, hereby certify that: _____

Whose signature is affixed on the over-leaf was alive on the _____ day of _____ 20_____

Name of Church
(Applicable to Minister of Religion)

Signature

Print name

Affix Stamp

Date: _____

Profession