



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: customerserv@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 ONE OF THE PERSONS ON THE OVER-LEAF



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