



**ANTIGUA & BARBUDA SOCIAL SECURITY BOARD**

LONG STREET, P.O .Box 1125

ST. JOHN'S, ANTIGUA

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E-mail: [customerserv@socialsecurity.gov.ag](mailto:customerserv@socialsecurity.gov.ag)

**LIFE CERTIFICATE [OVERSEAS]**

**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

Justice of the Peace

ANU & BAR High Commission/Embassy Officer

Snr. Employee, CARICOM Social Security Systems

**I, the undersigned, hereby certify that:** \_\_\_\_\_

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

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature**



\_\_\_\_\_  
**Profession**

**OFFICIAL STAMP**

\_\_\_\_\_  
**Date**