THE MERCHANT SEAMEN COMPENSATION ACT
STATEMENT OF EMPLOYER - FATAL CASE

1. I am _____ of the firm of _____
(Official Title)

and have knowledge of the matters herein stated and referred to.

2. On the ____ day of _____, _____, _____
(Name of Seaman)

who resided at _____

and who was then in the employ of the said firm on the _____
(Name of ship)

in the capacity of _____ met with an accident
(Occupation of Seaman)

in the said employment which resulted in his death on the ____ day of _____, _____.

3. The cause and circumstances of the said accident and death are as follows:

4. To the best of my knowledge the members of the family of the said seaman wholly or partly dependent upon his earnings at the time of his death are as follows:
(Give what information you can, names and addresses if possible, or state that you can give none.)

5. The statements and information set forth in the report of the said accident on Form LAB 1085(10-94)B are true and correct.

6. I know of no reason why compensation for the said accident and death should not be paid under the Merchant Seamen Compensation Act.
(Or as the case may be, giving reasons to the contrary, if any.)

I HEREBY CERTIFY that the information given above is correct to the best of my knowledge.

Date at _____ this ____ day of _____, _____,

Signing Officer

Official Title _____

For _____
(Employer)