# THE MERCHANT SEAMEN COMPENSATION ACT
# CLAIM - DEPENDANT

Name of Deceased _____

Name of Employer _____

I, the undersigned, _____
(Name in Full)

residing at _____
(Full Address)

HEREBY CERTIFY:

1. THAT I am _____
(Indicate the relationship, or connection, etc., of claimant with deceased or the qualification in the case of a tutor or other person in charge of children of deceased.)

2. THAT I was born on the _____ day of _____ , _____

3. THAT the deceased died in the following circumstances:

_____

4. THAT the deceased contributed, from his wages, to my subsistence since _____ , _____ as follows:
(Give the date)

_____
(Give details as to the full amount of contributions)

and from that date I have been dependent on him for necessities of life;

5. THAT I have no other income except the following:

_____

**(THIS QUESTION RESERVED FOR WIDOW OR DEPENDENT HUSBAND)**

6. THAT I was married to the deceased on the _____ day of , _____ , _____

at _____ , and at the time of the accident, we were neither divorced nor separated from bed and board; that I depended

_____ on his wages and that I am still unmarried.
(wholly or partially)

7. THAT the deceased left the following dependants, who at the time of his death, were subsisting _____ on his wages, namely:
(wholly or partially)

| Name | Relationship | Address | Date of Birth |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Date at _____ this _____ , day of _____ , _____

Signed in the presence of:

_____ _____
(Witness to sign here) (Claimant to sign here)

This declaration should be accompanied by the ordinary civil documents required in such cases, namely, certificates of birth, marriage, etc.