

Canada/Dominica Agreement

Applying for a Dominican funeral grant

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 2710 Station Main
Edmonton AB T5J 2G4
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.



SOCIAL SECURITY ACT 1975

CLAIM FOR FUNERAL GRANT

PARTICULARS OF DECEASED INSURED PERSON

Deceased
Registration No.

Name of deceased

Insured Person

(Surname)

(Christian names)

Last Address

Name of Last Employer

Date of Birth

Date of Death

Certified cause of death

Occupation

Name of Claimant

(Surname)

(Christian Names)

Full Address

To: The Director,

Social Security Scheme

I, the above named claimant hereby declare that I am

(State relationship if any, to deceased)
have paid

to the deceased insured person named above and that I am liable to pay the amount of the funeral expenses.

(Words not applicable should be deleted)

PLEASE ANSWER THE FOLLOWING QUESTION:

Was death due to accident at work?

(Yes or No)

I attach the following documents:

- (a) Death certificate of the deceased insured person;
- (b) Receipt for the amount of funeral expenses paid by me;
- or (c) Undertaker's bill for outstanding funeral expenses.

NOTE: If there are any uncashed benefit vouchers/pensions orders relating to the deceased these should be returned to the Social Security Office together with this claim.

I claim Funeral Grant in respect of the insured person's death.

Signature of claimant

Date

WARNING:

Any person who knowingly makes any false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine of imprisonment or both.

Canada/Dominica Agreement

Documents and/or information required to support your application for a Dominican funeral grant

Complete the attached form:

- *Canadian Residence – Information regarding the deceased* [SC ISP5015]

Originals or certified copies to be submitted:

- Birth certificate for the deceased
- Death certificate
- Receipt of fully paid funeral expenses or statement of funeral expenses and an undertaking to pay the said expenses (original only)
- Marriage certificate (when the claim concerns an uninsured spouse)
- Proof of the date(s) of entry into and departure(s) from Canada of the deceased (such as: Immigration 1000, passport, visa, ship or airline tickets, etc.)

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.



CANADIAN RESIDENCE - INFORMATION REGARDING A DECEASED PERSON

Canadian Social Insurance Number: _____

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Miss

Given Name and Initial

Family Name

The following information is required to support your application for benefits under a social security agreement. If required, please provide additional information on a separate sheet of paper.

1. If the deceased was born outside of Canada, please provide us with the following information:

Date of arrival in Canada (YYYY-MM-DD): _____

Place of arrival in Canada: _____

2. List all the places where the deceased lived in Canada after the age of 18 and provide proof of all his/her dates of entry and departure (Permanent Resident card, Record of Landing (IMM 1000), complete passport, airline tickets, etc.):

From YYYY-MM-DD	To YYYY-MM-DD	City	Province/Territory

3. List all absences from Canada, which were longer than six months, during his/her Canadian residence listed in number 2 above:

Departure YYYY-MM-DD	Return YYYY-MM-DD	Destination	Reason

Canadian Social Insurance Number: _____

PROTECTED B (when completed)

4. Please give us the names, addresses and telephone numbers of at least two people, not related to you or the deceased by blood or marriage, who can confirm his/her Canadian residence:

Name	Address	City	Telephone Number

DECLARATION OF APPLICANT

I declare that this information is true and complete.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Signature

Date (YYYY-MM-DD)

X _____

Telephone number
