Canada/Albania Agreement

Applying for an Albanian survivor pension

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

Version 2022-08-01

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.

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AGREEMENT ON SOCIAL SECURITY BETWEEN CANADA AND THE REPUBLIC OF ALBANIA
ACCORD DE SÉCURITÉ SOCIALE ENTRE LE CANADA ET LA RÉPUBLIQUE D'ALBANIE
MARRËVESHJE PËR SIGURIMET SHOQËRORE NDËRMJET KANADASË DHE REPUBLIKËS SË SHQIPËRISË

APPLICATION FORM FOR A SURVIVOR PENSION IN ALBANIA
FORMULAIRE DE DEMANDE DE PENSION DE SURVIVANT AU ALBANIE
FORMULAR KËRKESE PËR PENSION FAMILJAR NË SHQIPËRI

A. Information regarding the deceased insured
Renseignements concernant l'assuré/e décédé/e
Informacione lidhur me të siguruarin/rën e vdekur

1

1.1 Surnames /Noms /
Mbiemrat.....

1.2 Names /Prénoms /
Emrat .....

1.3 Name and surname of the father / Nom et prénom du père/
Emri dhe mbiemri i babait : .....

1.4 Name and surname of the mother / Nom et prénom de la mère/
Emri dhe mbiemri i nënës: .....

1.5 Gender/ Sexe / ☐ male /masculin/ ☐ female / féminin/
Gjinia mashkull femër

1.6 Date of birth /Date de naissance/
Data e lindjes.....

1.7 Place of birth / Lieu de naissance/
Vendlindja: :.....

1.8 Marital status / Etat civil/
Gjendja civile

☐ single/célibataire/ beqar/ ☐ re-married/ remarié(e) i/e rimartuar /
☐ married/ marié(e) / i/e martuar ☐ separated/ séparé(e) / i/e ndarë
☐ divorced / divorcé(e)/ i/e divorcuar/ ☐ widow/er/veuf(ve)/ i/e ve/

Since /depuis / që prej/ ..…….....

1.9 Social security number /N° d'assurance sociale/ Nr.i sigurimit shoqëror:
in Canada (SIN) /au Canada (NAS)/
në Kanada (SIN).....

in Albania (NID) /en Albanie (NID)/
në Shqipëri (NID).....

2

2.1 Date and place of death / Date et lieu du décès / Data dhe vendi i vdekjes
.....

2.2 Death /Le décès/ Vdekja ☐ is presumed / est présumé / prezumohet ☐ is not presumed / n'est pas présumé / nuk prezumohet

to have been caused due to an occupational accident or occupational disease
être le résultat d'un accident de travail ou d'une maladie professionnelle
të ketë ndodhur për shkak të një aksideni në punë ose sëmundje profesionale

Death /Le décès / Vdekja ☐ is presumed / est présumé/ / prezumohet
☐ is not presumed / n'est pas présumé / nuk prezumohet

to have been caused by a third person in charge / avoir été causé par un tiers responsable /
të jetë shkaktuar nga një përgjegjës i tretë

2.3 On the date of death the insured / À la date de son décès, l'assuré(e) /
Në datën e vdekjes së tij/saj, i/e siguruari/ra

☐ exercised / exerçait / ushtronte a professional activity / une activité professionnelle/ një aktivitet profesional ☐ did not exercise / n'exerçait pas / nuk ushtronte

2.4 If the insured exercised a professional activity at the time of death, write the last effective working day /
Si l'assuré(e) exerçait une activité professionnelle au moment de son décès, indiquer la dernière journée effective de travail/
Nëse i siguruari ushtronte një aktivitet profesional në momentin e vdekjes, tregoni ditën e fundit efektive të punës
……..……..……..…….....

2.5 The name or denomination and address of the last employer /Nom ou dénomination et adresse du dernier employeur/
Emri ose emërtimi dhe adresa e punëdhënësit të fundit
……..……..……..…….....
……..……..……..…….....
……..……..……..…….....

2.6 The type of professional activity as self-employed /Nature de l'activité professionnelle en tant que travailleur indépendant/
Natyra e aktivitetit profesional si i vetëpunësuar
……..……..……..…….....
……..……..……..…….....
……..……..……..…….....

3

3.1	On the date of marriage the insured/ A la date de son mariage l'assuré(e) / Në datën e martesës i/e siguruara	☐	was / était /ishte	a pension beneficiary / bénéficiaire d'une pension/ përfitues i një pensioni
		☐	was not/n'était pas / nuk ishte	
3.2	On the date of death the insured/ A la date de son décès l'assuré / Në datën e vdekjes i/e siguruara	☐	was / était /ishte	a pension beneficiary / bénéficiaire d'une pension/ përfitues i një pensioni
		☐	was not / n'était pas / nuk ishte	

3.3	The deceased insured /L'assuré/e décédé/e / I/e siguari/a i/e vdekur	☐ ☐	had/avait/ kishte had not/ n'avait pas / nuk kishte	received a reimbursement of contributions / obtenu un remboursement de cotisations / marrë një rimbursim të kontributeve
3.4	If so /Dans l'affirmative/ Nëse po			
3.5	Type of pension /Type de pension/ Lloji i pensionit ……			
3.6	Pension number / Numéro de la pension/ Numri i pensionit ……			
3.7	Institution of granting benefits / Institution débitrice/ Institucioni dhënës: …… …… ……			
3.8	Starting date/Date d'effet/ Data e fillimit ……			
3.9	In case of request, the end date /Le cas échéant, date de cessation/ Në rast kërkese, data e përfundimit ……			

B. Information regarding the applicants / Renseignements concernant les demandeurs / Informacionet lidhur me personat në ngarkim

4	☐ widow / veuve/ e ve ☐ widower/veuf/ i ve ☐ other persons on charge*/ autres ayants droit */ persona të tjerë në ngarkim
4.1	Surnames /Noms / Mbiemrat ……
4.2	Names /Prénoms/ Emrat ……
4.3	Date of birth / Date de naissance/ Data e lindjes ……
4.4	Adress /Adresse /Adresa …… …… ……
4.5	Date of marriage with the deceased insured /Date de mariage avec l'assuré(e) décédé(e) / Data e martesës me të siguruarin/rën e vdekur……
4.6	If so, write the date / Le cas échéant, date/ Në rast se po, data :…… ☐ of the separation / de la séparation / e ndarjes ☐ of the divorce / du divorce/ e divorcit, ……
4.7	If so, write the date of re-marriage/Le cas échéant, date du remariage / Në rast se po, data e rimartesës ……
4.8	Family bonds and marital status (for the dependants apart from the widow or widower / Lien de parenté et état civil (pour les ayants droit autres que la veuve ou le veuf)/ Lidhja familjare dhe gjendja civile (për vartësit përveç burrit ose gruas së ve) …… …… ……

* Parents, grandparents, stepfather and stepmother when they were in charge of the deceased person / Parents, les grands-parents, le beau-père et la belle-mère lorsqu'ils étaient à charge du défunt/ Prindërit, -gjyshrit, njerku dhe njerka kur kanë qënë në ngarkim të personit të vdekur ;

Grandchildren, when they were in charge of the deceased / Petits-enfants lorsqu'ils étaient à charge du défunt / Nipat dhe mbesat, kur kanë qënë në ngarkim të personit të vdekur ;

5 Bank identification of the person specified in box 5/
Identification bancaire de la personne désignée au cadre 5/
Identifikimi bankar i personit të përcaktuar në kutinë 5

5.1 Surnames and names of the account holder /
Noms et prénoms du titulaire/
Mbiemrat dhe emrat e titullarit .....

5.2 Name of bank /Nom de la banque/
Emri i bankës .....

5.3 Address of bank / Adresse de la banque/
Adresa e bankës .....

5.4 BIC bank code / Code bancaire BIC/
Kodi bankar BIC .....

5.5 IBAN bank account and SWIFT CODE /
Compte bancaire IBAN et SWIFT CODE /
Llogaria bankare IBAN dhe SWIFT CODE .....

6 **The person specified in box 4 /**
La personne désignée au cadre 4/
Personi i përcaktuar në kutinë 4

6.1 ☐ exercises a professional activity /
exerce une activité professionnell
ushtron një aktivitet profesional

☐ employed/salarié(e)/ i punësuar
☐ self-employed / travailleur indépendant/ i vetëpunësuar

6.2 ☐ does not exercise a professional activity /
n'exerce pas d'activité professionnelle
nuk ushtron një aktivitet profesional

6.3 If so, the total amount of income/
Dans l'affirmative, montant du revenu
Nëse po, shuma e të ardhurave

☐ annual/ annuel/ vjetore ☐ monthly/mensuel/ mujore

……...

6.4 The person specified in the box 4/ La personne désignée au cadre 4 / Personi i përcaktuar në kutinë 4 /

☐ was not/ n'était pas / nuk ishte ☐ was /était / ishte

in charge of the insured deceased / à la charge de l'assuré(e) décédé(e) / në ngarkim të të siguaruarit/rës së vdekur

6.5 The person specified in the box 4 / La personne désignée au cadre 4 / Personi i përcaktuar në kutinë 4

☐ benefits from a pension from /bénéficie d'une pension du/ përfiton një pension nga
……..……..……..... until/au / deri më ……..……..……. /

☐ does not benefit from a pension / ne bénéficie pas d'une pension/ nuk përfiton një pension

☐ can claim for a pension / peut prétendre à une pension/ mund të pretendojë për një pension

6.6 Type of pension/Type de pension/
Natyra e pensionit .....

6.7 Pension number/Numéro de la pension /
Numri i pensionit .....

6.8 Pension amount (Albanian Lek (ALL) / Montant de la pension (Albanian Lek (ALL) /
Shuma e pensionit (Albanian Lek (ALL) .....

6.9 Granting Institution / Institution débitrice
Institucioni dhënës .....
.....
.....

6.10 The person mentioned in the box 4 /La personne indiquée au cadre 4 / Përsoni i përmendur në kutinë 4:

☐ has the right for / a droit / ka të drejtë ☐ does not have the right for /n'a pas droit / nuk ka të drejtë

for a survivor pension in charge of work accident insurance /à une pension de survie à charge de l'assurance accident de travail / për një pension familjar në ngarkim të sigurimit aksident në punë

Granting Institution / Institution débitrice/ Institucioni dhënës
.....
.....
.....

Pension number / Numéro de la pension/ Numri i pensionit
.....

6.11 The person specified in the box 4 / La personne désignée au cadre 4/ Personi i përcaktuar në kutinë 4

☐ raises a child /élève un enfant / rrit një fëmijë

☐ does not raise a child / n'élève pas d'enfant / nuk rrit një fëmijë

for whom he benefits a survivor pension or orphan's pension /
pour lequel elle perçoit des allocations familiales ou une pension d'orphelin/
për të cilin ai përfiton një pension familjar ose pension për jetimë

☐ yes /oui / po ☐ no /non / jo

6.12 Granting Institution / Institution débitrice / Institucioni dhënës
.....
.....
.....

6.13 Presumed date of delivery, if the person specified in box 4 is pregnant/
Date présumée de l'accouchement, si la personne désignée au cadre 4 est enceinte
Data e parashikuar e lindjes, nëse personi i përcaktuar në kutinë 4 është shtatzanë .....

7 Children / Enfants / Fëmijët

	Surnames /Noms / Mbiemrat	Names /Prénoms/ Emrat	Date of birth / Date de naissance/ Data e lindjes	Family relation/Lien de parenté / Lidhja familjare
7.1	.....	.....	.....	.....
7.2	.....	.....	.....	.....
7.3	.....	.....	.....	.....
7.4	.....	.....	.....	.....
7.5	.....	.....	.....	.....
7.6	.....	.....	.....	.....

7.7 Address /Adresse / Adresa
.....
.....
.....

7.8 Notes / Observations / Vërejtje
……
……
……
……

7.9 ☐ The child/children mentioned in point/ L'enfant/Les enfants indiqué(s) au(x) point(s) / Fëmija/fëmijët i/të përmendur në pikën/kat .....

study/poursuit/poursuivent des études/ ndjek/ndjekin studimet
.....

Study verification/s attached/ Certificat(s) d'études joint(s)/ Vërtetime të shkollës

☐ yes/oui / po ☐ no / non / jo

☐ Children mentioned in point/at/ L'enfant/Les enfants indiqué(s) au(x) point(s)/ Fëmija/fëmijët e përmendur në pikën/at
.....

is/are disabled /est /sont handicapé(s)/ / është/janë i/të paaftë
.....

medical verification/s attached /Certificat(s) médical/médicaux joint(s) / Vërtetimi/met mjeksor/ë i/të bashkangjitur

☐ yes/oui / po ☐ no / non / jo

C. Renseignements divers
Miscellaneous information
Informacione të ndryshme

Information on employment periods in Albania /
Informations sur les périodes d'emploi en Albanie/
Informacione lidhur me periudhat e punësimit në Shqipëri

Please provide the following information about / Veuillez nous fournir les informations suivantes svp /
Ju lutemi jepni këtu informacione mbi:

- employement periods/ périodes d'emploi / periudhat e punësimit
- self-employement periods /périodes de travail indépendant/ periudhat e vetëpunësimit/
- voluntary contributions / contributions volontaires/ kontributet vullnetare
- equivalent periods / périodes assimilées/ periudhat ekuivalente

If the applicant of pension knows Albanian language,the job type and the employers should be completed in Albanian/
Si le demandeur de pension connait la langue albanaise,il est préférable que le type d'emploi et les employeurs soit complété aussi en albanais/
Nëse kërkuesi i pensionit është njohës i gjuhës shqipe, mundësisht lloji i punës dhe subjektet shqiptare të plotësohen në gjuhën shqipe

I declare the following / Je déclare ce qui suit/
Deklaroj si më poshtë vijon:

No./ Nr.	Enterprise / institution (before 1994)/ L'entreprise /l'institution (avant l'année 1994)/ Ndërmarja/institucioni (para vitit 1994)	Since/ Depuis / Nga data	Until/ Jusqu'au Deri më	Type of work / Type de travail/ Lloji i punës	Document proving the period (a workbook, certificate, etc., if available)/ Le document qui atteste la période (carnet de travail, attestation, etc, si disponible) Dokumentin që provon periudhën (librezë pune, vërtetim, etj, nëse disponohet)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Compulsory military / Service obligatoire militaire / Shërbimi i detyrueshëm ushtarak				Soldier/soldat / ushtar	
I graduated in the University (woman)/ J'ai terminé les études supérieures (femme)/ Kam kryer shkollën e lartë (grua)				Student/Etudiante/ Student	
Political prisoner / Prisonnier politique / I burgosur politik				Prisonnier /Prisoner/ I burgosur	
Political exiled / Exilé politique/ I internuar politik				Exiled/ Exilé / I internuar	
Working in Agriculture Cooperative with basic salary and supplementary years/ Travail à la Coopérative agricole à salaire de base et années supplémentaires / Punë në KB me pagë bazë dhe vite shtesë					
Working in Agriculture Cooperative with rates/ Travail à la Coopérative agricole défini selon les normes / Punë në Kooperativë Bujqësore me norma				Farmer/ Agriculteur/trice/ Bujk /Bujkeshë	
Unemployment benefits / Indemntités de chômage / Në pagesë papunësie				Assistance / Rente/ Asistencë	
Nr./	The employer Entity (after 1994)/	Since /	Until/	Type of work /	

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No.	Le sujet employeur (après 1994)/ Subjekti punëdhënës (pas vitit 1994)	Depuis/ Nga data	Jusqu'au/ Deri më	Type de travail/ Lloji i punës	Documents proving the period/ Le document attestant la période/ Dokumenti që provon periudhën
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Self-employed/ Indépendant / I vetëpunësuar				Physical person Personne physique/ Person fizik	
Self-employed in Agriculture/Agriculteur privé i / I vetëpunësuar në bujqësi				Private farmer / Agriculteur privé/ bujk privat	
Voluntary contribution /Contribution volontaire / Kontribut vullnetar					
Early retired military /Militaire en pré-retraite/ Ushtarak në pension të parakohshëm					
In invalidity Pension (full / partial)/ En pension d'invalidité (totale/ partielle)/ Në pension invaliditeti (i plotë/i pjesshëm)					
In special miner treatment/ En traitement spécial du mineur/ Në trajtim të veçantë minatori					
In transitory payment, according to Law no. 10142/ En payement de transition, selon la Loi nr. 10142/ Në pagesë kalimtare, sipas Ligjit nr. 10142					
In transitory payment, according to Law no. 8097/ En payement de transition, selon la Loi nr. 8097/ Në pagesë kalimtare, sipas Ligjit nr. 8097					
Spouse of the transferred military/ Conjoint du militaire détaché/ Bashkëshort i ushtarakut të transferuar/					
Invalid caretaker / Gardien de l'invalide/ Kujdestar i invalidit					

I confirm the above statements with these documents as well /
Les déclarations susmentionnées sont à vérifier par les documents suivants/
Deklarimet e sipërshënuara i vërtetoj edhe me këto dokumenta:

No/Nr	Description of documents to be submitted /Description des documents à soumettre / Përshkrimi i dokumentave që dorëzohen	Mark X/ Marque X/ Shenja X
1.	Copy of passport, ID card or personal birth certificate /Copie de passeport, copie de la carte d' identité ou certificat de naissance Kopje e pasaportës, kartës së identitetit ose certifikatë lindje personale	
2.	Workbook / Livret d'emploi/ Libreza e Punës	
3.	Certificate of conviction as politically persecuted / Certificat de condamnation en tant que persécutés politiques/ Vërtetim i kohës së vuajtjes së dënimit për të përndjekurit politikë	
4.	Child Birth certificate / Certificat de naissance pour les enfants / Çertifikate Lindje të fëmijëve	
5.	Marriage certificate / Certificat de mariage/ Certifikatë martese	
6.	Death certificate /Certificat de décès/ Çertifikate Vdekje	
7.	School certification if the child is over 18 - 25 years old /Certificat de l'école quand enfant orphelin est agé entre 18 ans et 25 ans / Vërtetim nga shkolla kur femija është mbi 18 vjeç -25 vjeç	
8.	Authorization or orphans's take care certificate / Procuration spéciale ou certificate de garde d'enfant orphelin/ Autorizim ose certificate kujdestarie për jetimin	
9.	University diploma for women /Diplôme universitaire pour les femmes/ / Diploma e shkollës së lartë për gratë	

8

8.1 Date of submission of this application /Date d'introduction de la présente demande /
Data e paraqitjes së kësaj kërkese: .....

8.2 The starting date of pension /Début de la pension /
Fillimi i pensionit .....

Declaration of the applicant /Déclaration du demandeur/ Deklarata e kërkuesit /

I certify that, under my sole responsibility, all information provided herein is true and complete. I authorize the country's social security institution that is a signatory to this Agreement to provide the Social Insurance Institute in Albania with all information and supporting documents it has that are or may be related to this claim for benefits.

Je certifie sous ma responsabilité personnelle, que les renseignements communiqués sont vrais et complets. J'autorise l'Institution de sécurité sociale du pays qui est signataire de cet Accord à fournir à L'institution de Sécurité Sociale en Albanie tous les renseignements et les pièces justificatives en sa possession qui sont relatives à cette demande de prestation.

Unë vërtetoj se, nën përgjegjësinë time personale, që të gjitha informacionet e dhëna këtu janë të vërteta dhe të plota. Unë autorizoj institucionin e sigurimeve shoqërore të vendit i cili është nënshkrues i kësaj Marrëveshjeje që t'i sigurojë Institutit të Sigurimeve Shoqërore në Shqipëri të gjitha informacionet dhe dokumentet mbështetëse që ai ka, të cilat janë ose mund të lidhen me këtë kërkesë për përfitime.

Applicant's signature / Signature du demandeur/ Nenshkrimi i kërkuesit/

_____

8.3 Notes /Observations/ Vërejtje
……
……
……
……

9. Information on insurance periods in third countries/.....
Information sur les périodes d'assurance dans les pays tiers/ .....
Informacione mbi periudhat e sigurimit në vendet e treta.....
Please attach evidence, (if available)/.....
Veuillez joindre des preuves, (si disponibles) / .....
Ju lutemi bashkëlidhni dëshmi, (nëse disponohen) .....

Have the deceased been employed outside Albania?/ ☐ no/non / jo ☐ yes/oui / po
Le défunt était-il employé en dehors de l'Albanie?/
.A ka qënë i/(e) ndjeri /(a) punësuar jashtë Shqipërisë?
If yes, please give other details/
Si oui, s'il vous plaît donner d'autres détails/
Nëse po, ju lutem jepni hollësi të tjera..

Period/ Periudha	from / par/ nga to / jusqu'à /deri	Country/ État /Shteti
	Insurance Institute/ Institut d'assurance/ Institucioni i sigurimit	Insurance Number/ Numéro d'assurance Numri i sigurimit
Period/ Periudha	from / par/nga to / jusqu'à /deri	Country/ État /Shteti
	Insurance Institute / Institut d'assurance/ Institucioni i sigurimit	Insurance Number / Numéro d'assurance Numri i sigurimit
Period/ Periudha	from / par/ nga to / jusqu'à /deri	Country/ État /Shteti
	Insurance Institute / Institut d'assurance/ Institucioni i sigurimit	Insurance Number / Numéro d'assurance Numri i sigurimit
Period/ Periudha	from/ par/ nga to / jusqu'à /deri	Country/ État /Shteti
	Insurance Institute / Institut d'assurance/ Institucioni i sigurimit	Insurance Number / Numéro d'assurance Numri i sigurimit
Period/ Periudha	from/ par/nga to / jusqu'à /deri	Country/ État /Shteti
	Insurance Institute / Institut d'assurance/ Institucioni i sigurimit	Insurance Number / Numéro d'assurance Numri i sigurimit

The correctness of the above information is verified/L'exactitude des renseignements ci-dessus a été vérifiée
Saktësia e informacioneve të mësipërme është verifikuar

10	**Canadian Liaison Agency /Agence de Liaison au Canada/ Agjencia Ndërlidhëse në Kanada**

10.1 Denomination /Dénomination/ Emërtimi
.....
.....

10.2 Address/Adresse / Adresa
.....
.....

10.3 Stamp /Cachet / Vula

9.4 Date/ Date / Data……..

9.5 Signature/ Signature / Nënshkrimi .....

Canada/Albania Agreement

Documents and/or information required to support your application [CAN/AL 6] for an Albanian survivor pension

Originals or certified copies to be submitted:

- Birth certificate, passport ID page or ID card for you and the deceased
- Marriage certificate
- Death certificate
- Birth certificate for children declared on your application, if applicable
- School certification for children aged 18-25 years old, if applicable
- Authorization of guardianship certificate for the orphan, if applicable
- Documents attesting employment history in Albania of the deceased
- Original workbook of the deceased
- University diploma, if you are a female
- Certificate of conviction, if you were politically persecuted
- Power of attorney or guardianship certificate, if applicable

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.