



VETERANS FEDERATION OF THE PHILIPPINES

Gatpuno Villegas St., Ermita, Manila

APPLICATION FOR BURIAL ASSISTANCE

(Please see requirements at the back before filling up this form)

Name of Applicant: _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME)

Address: (NO. STREET) _____ (TOWN/CITY) _____ (PROVINCE) _____ ZIP CODE _____

Relationship of applicant to the deceased member _____ Cellphone / Telephone number _____

Deceased member _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____

Date of Birth (MM/DD/YYYY) _____ Date of Death (MM/DD/YYYY) _____ Membership Status _____

Veterans Post _____ VFP ID No. _____

Veterans District _____ Veterans Region _____

CERTIFICATION AND SIGNATURE (READ CAREFULLY BEFORE SIGNING)

I HEREBY CERTIFY that:

1. The foregoing entries and attached supporting documents are true and correct.
2. I am fully aware of the consequences of committing, fraud in connection with this application.

In witness whereof, I have hereunto affixed my signature this _____ day of _____ year _____.

Signature: _____
Applicant

Valid ID with No.: _____

ENDORSED BY:

Signature over Printed Name of
Charter/Affiliate/Regional/District/Post Presidents

BURIAL ASSISTANCE REQUIREMENTS:

1. Application Form duly accomplished
2. Original or authenticated copy of Death Certificate issued by the LCR with Registry Number
3. Proof of Relationship to the deceased member:
 - A) Original or certified true copy of the marriage contract and birth certificate from LCR or NSO in case the applicant is a spouse.
 - B) Original or certified true copy of the birth certificate in case the applicant is a child and/or marriage contract from LCR or NSO if married.
 - C) Affidavit of Extra Judicial Settlement of Estate and waiver of rights in case the applicant is relative other than the spouse/ child together with the original or certified true copy of the birth certificate/marriage contract from LCR or NSO as proof of relationship to the deceased member.
 - D) Valid ID

NOTE: An application for burial assistance must be filed within one year from date of Member's Death otherwise it is deemed barred by prescription.

Verified and Checked by:

Reviewed by:

Recommended for approval:

FOR THE PRESIDENT
APPROVED BY:

MANUEL A. CARREON
Vice President for Administration