



FM-DBB-APF-D01

OVERSEAS WORKERS WELFARE ADMINISTRATION  
SOCIAL BENEFIT  
(DEATH CLAIM)

Regional Welfare Office \_\_\_\_\_

Applicant No. \_\_\_\_\_

**CLAIMANT'S DATA**

Name of Claimant: \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Relationship to OFW: \_\_\_\_\_ Tel/CP No.: \_\_\_\_\_

**OFW DATA:**

Name of OFW: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Agency: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Jobsite: \_\_\_\_\_

Date of latest OWWA contribution: \_\_\_\_\_ Duration: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE

**DOCUMENTS SUBMITTED:**

- ( ) Death Certificate
- ( ) Marriage Certificate (NSO)
- ( ) Birth Certificate (NSO)
- ( ) CENOMAR (NSO)
- ( ) Official Receipt of Funeral Expense
- ( ) Accident/Police Report
- ( ) Passport/Seaman's Service Record Book
- ( ) Others

RECEIVED BY: \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION**

With previous availment       Without previous availment  
By: \_\_\_\_\_ Date: \_\_\_\_\_

**EVALUATION**

By: \_\_\_\_\_  
Date: \_\_\_\_\_

**RECOMMENDATION:**

**APPROVED:**

Applicant is entitled to P \_\_\_\_\_

\_\_\_\_\_  
CHIEF, PSD

\_\_\_\_\_  
RWO DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Rev: 00

## UNDERTAKING

I, \_\_\_\_\_, of legal age, \_\_\_\_\_,  
Filipino citizen and a resident of \_\_\_\_\_

After having been duly sworn to in accordance with law, do hereby depose and say:

1. That, I am the beneficiary and claimant of \_\_\_\_\_  
accruing from \_\_\_\_\_;
2. That, for whatever benefits or amount that I may receive from the Overseas Workers  
Welfare Administration (OWWA), I hereby take full responsibility for my action and hereby  
undertake to absolve the OWWA from any liability that may arise from its release of said  
claim;
3. That, likewise, in the event that any person who has a better right to my said claim would  
appear, I undertake to return or pay any amount that I shall receive in favor of the person;
4. That, I am executing this affidavit for the purpose of attesting to the truth of the foregoing  
and in order to support my claim for \_\_\_\_\_  
\_\_\_\_\_.

In witness hereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Claimant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Administering Officer