



**ANTIGUA & BARBUDA SOCIAL SECURITY BOARD**

LONG STREET, P.O. Box 1125

ST. JOHN'S ANTIGUA

TEL: (268) 736-3000/1/2/3

FAX (268) 481-3090

E-mail: [socsec@socialsecurity.gov.ag](mailto:socsec@socialsecurity.gov.ag)

**OVERSEAS LIFE CERTIFICATE**

FULL NAME of PENSIONER: \_\_\_\_\_

Social Security #  Pension #

Type of Pension: Age  Invalidity  Survivors

Signature of Pensioner \_\_\_\_\_

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

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*Life Certificate form* **TO BE CERTIFIED BY ONE OF THE PERSONS ON THE OVER-LEAF**

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**TO BE CERTIFIED BY ANY OF THE FOLLOWING PERSONS BY TICKING SPECIFIED PROFESSION:**

Notary Public  Justice of the Peace  Anu & Bar. High Commission Offices  Caricom Social Security Sys.

I, the undersigned, hereby certify that: \_\_\_\_\_

Whose signature is affixed on the over-leaf was alive on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Print Name

OFFICIAL STAMP

Signature

Profession

Date