



**Government of Antigua & Barbuda Treasury Department**

***Life Certificate Form***

PENSION ID #.....

**(For Official Use Only)**

Claims for Pension from Government of Antigua and Barbuda for the period

.....  
.....

I certify that .....

*(First Name)*

*(Middle Name)*

*(Last Name)*

Whose signature is affixed below was alive on the.....of.....

*(Day)*

*(Month)*

*(Year)*

Pensioner D.O.B..... (DD/MM/YYYY)

Social Security #.....

*Signature of Pensioner*

**(To be certified by a Minister of Religion, Justice of the Peace, Notary Public, Lawyer, or Bank Official Permanent Secretaries, Senior Civil Servants, Parliamentarians and Medical Practitioners.)**

.....  
*(Name)*

.....  
*(Title)*

Date ..... (DD/MM/YYYY)