

ILOCOS SUR ELECTRIC COOPERATIVE, INC.
Bigbiga, Santiago

APPLICATION FOR DEATH AID

DATE: _____
NAME OF MEMBER: _____
ADDRESS: _____
MEMBERSHIP DATE: _____ OR No. _____
ACCOUNT NO. _____
YES ACTIVE ACCOUNT (not dormant for the last six mos.)
BIRTHDAY: _____ AGE: _____
DATE OF DEATH: _____
CAUSE OF DEATH: _____

NAME OF CLAIMANT: _____
ADDRESS: _____
RELATIONSHIP TO THE DECEASED: _____
CONTACT NUMBER: _____

REQUIREMENTS SUBMITTED:

- Original or certified true copy of Death Certificate of the deceased
- Photocopy of valid ID of the beneficiary (Legal spouse, Children, Parents, Brother/Sister)
- Any proof of relationship to the deceased
 - *Marriage contract
 - *Birth certificate
 - *Certification from the Barangay Captain
- Petition for Change Name has been filled-out.

Processed by:

CWDO

Recommended by:

Sub Area Manager

Approved by:

CLARENCE B. DUCUSIN
Chairman – Death Aid