



**DEPARTMENT OF PUBLIC SERVICE
APPLICATION FOR PAYMENT OF EX-GRATIA AWARD
ON DEATH OF A PENSIONER**

I _____
(Name in Full)

of _____
(Street Address)

P. O. Box: _____ Telephone: _____

hereby make application for the payment of the ex-gratia award as the _____

_____ of the late _____
(Relationship) (Name of Pensioner)

_____ who died on _____

SECTION A (To be completed by spouse) (date)

I enclose the following documents:

- Original copy of the death certificate
- Original copy of the marriage certificate
- Were you lawfully married at the time of death: Yes No

SECTION B (To be completed by person other than spouse)

I enclose the following documents:

- Original copy of the death certificate
- Original copy of the birth certificate
- Original death certificate of spouse of pensioner
- Original receipt from funeral home

SECTION C (TO BE COMPLETED IF PAYMENT IS TO BE MADE TO FUNERAL HOME)

I certify that I am responsible for the funeral expenses of the late _____
Name of Pensioner

that the _____
Name and Address of Funeral Home

(Copy of letter enclosed) be paid the sum of _____
(Amount)

I swear that the above information is true.

Signature of Application _____ Date _____

NOTE: The ex-gratia award is not a benefit "as of right" and the Department of Public Service reserves the right to reject this application.