

REPUBLIC OF THE PHILIPPINES )  
 City/Municipality of \_\_\_\_\_ ) S.S.  
 Province of \_\_\_\_\_ )

## WAIVER OF CLAIM FOR FUNERAL EXPENSES Funeral Benefit Program

I, \_\_\_\_\_, of legal age, and a resident of \_\_\_\_\_, surviving legal spouse of the deceased Social Security System (SSS) member \_\_\_\_\_ with SS Number or Common Reference Number (CRN) \_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_ hereby waive, renounce, and relinquish in favor of \_\_\_\_\_, known to me to be the \_\_\_\_\_ of the deceased SSS member, the full and total amount of the following funeral expenses incurred for the deceased SSS member, in connection with the funeral benefit claim application that he/she filed with the SSS:

EXPENSES	AMOUNT	
	IN WORDS	IN FIGURES
a. Embalming services		Php
b. Burial transfer services and permits		
c. Funeral services for the dead including church service fee or its equivalent if from other religions		
d. Cremation or interment services		
e. Purchase or rent of coffin		
f. Purchase or rent of niche/cemetery/ memorial lot/columbarium		
g. Payment for memorial/ funeral insurance plan		
<b>TOTAL</b>		<b>Php</b>

\_\_\_\_\_  
 Signature over Printed Name of  
 Surviving Legal Spouse

\_\_\_\_\_  
 Signature over Printed Name of Witness

\_\_\_\_\_  
 Signature over Printed Name of Witness

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Philippines, affiant having exhibited to me his/her valid government issued identification card \_\_\_\_\_ with no. \_\_\_\_\_ bearing his/her picture and signature as competent evidence of his/her identity, known to me and to me known to be the same person who executed the foregoing instrument and he/she acknowledged to me that the same is his/her free and voluntary act and deed.

WITNESS MY HAND AND SEAL, on the date/place first above-written.

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Notary Public

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