

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

JOINT AFFIDAVIT OF TWO DISINTERESTED PERSONS (NON-PAYMENT OF FUNERAL EXPENSES BY, OR UNKNOWN LOCATION OF, SURVIVING LEGAL SPOUSE) Funeral Benefit Program

We, _____ and _____,
(NAME OF 1ST AFFIANT) (NAME OF 2ND AFFIANT)
both of legal age, and residents of _____,
(HOME ADDRESS OF 1ST AFFIANT)
and _____, respectively, after being duly
(HOME ADDRESS OF 2ND AFFIANT)
sworn in accordance with law, hereby deposes and states that:

1. We personally know _____, a resident of
(NAME OF SURVIVING LEGAL SPOUSE)
_____, who is our
(HOME ADDRESS OF SURVIVING LEGAL SPOUSE)
_____, and _____, respectively.
(RELATIONSHIP TO SURVIVING LEGAL SPOUSE OF 1ST AFFIANT) (RELATIONSHIP TO SURVIVING LEGAL SPOUSE OF 2ND AFFIANT)

2. We have personal knowledge that _____ is
(NAME OF SURVIVING LEGAL SPOUSE)
the surviving legal spouse of the deceased _____,
(NAME OF DECEASED MEMBER/PENSIONER)
who was a member of the Social Security System (SSS) with SS Number
or Common Reference Number (CRN) _____ who died on
(SS NUMBER OR CRN OF DECEASED MEMBER/PENSIONER)
_____ at _____;
(DATE OF DEATH OF DECEASED MEMBER/PENSIONER) (ADDRESS OF PLACE OF DEATH OF DECEASED MEMBER/PENSIONER)

3. We are aware that: *(check applicable box)*
- the location of _____ is unknown;
(NAME OF SURVIVING LEGAL SPOUSE)
 - that he/she did not pay for the funeral expenses of his/her deceased legal spouse _____;
(NAME OF DECEASED MEMBER/PENSIONER)
4. We are executing this affidavit to attest to the truth of the above-mentioned facts and in support of the funeral claim of _____ and for
(NAME OF CLAIMANT)
all legal intents and purposes, it may serve.

IN WITNESS WHEREOF, we have hereunto set our hands this _____ at _____, Philippines.

Signature over Printed Name of 1ST Affiant Signature over Printed Name of 2ND Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, at _____, Philippines, affiants having exhibited to me their respective valid government issued identification card/s bearing their respective pictures and signatures with the following details, as competent evidence of their identities known to me and to me known to be the same persons who executed the foregoing instruments they acknowledged to me that the same are their free and voluntary act and deed:

Name	Valid Government Issued Identification Card	Place of Issue

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

Notary Public

Doc. No. : _____
 Page No. : _____
 Book No. : _____
 Series of : _____