JUDICIAL SERVICE

Funeral Grant Request Form for Employees

NAME OF APPLICANT:.....

RANK/POSITION.....

DEPARTMENT/OFFICE/COURT.....

STAFF ID NO.....

CONTACT:.....

NAME OF DECEASED:.....

RELATION.....

(Mother/Father/Child/Husband/Wife)

DATE OF DEATH.....

DATE OF BURIAL.....

(Kindly attach evidence of death, ie. Obituary, Death Certificate and Burial Permit)

SIGNATURE:.....DATE.....

SIGNATURE OF HEAD OF DEPARTMENT/HEAD OF REGISTRY.....

(For office use only)

Granted/Refused/Other:.....

Signature of Chairperson, Welfare Committee.....

NB: Applicant is to apply within six (6) months of death/burial. Any application made after six (6) months of burial shall be declined by the Service.