

**APPLICATION FOR BARANGAY OFFICIAL'S DEATH BENEFIT CLAIM**

Instructions: This form shall be accomplished by the claimants and submitted immediately to the DILG HUC/ICC/CC/Municipal Office.

NAME OF BARANGAY OFFICIAL: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
BARANGAY: \_\_\_\_\_  
CITY/MUNICIPALITY: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_  
DATE OF ELECTION/APPOINTMENT: \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF CLAIMANT**

\_\_\_\_\_  
DATE ACOMPLISHED

**ATTACHMENT:**

Certified True Copy of Death Certificate  
Certified True Copy of Birth Certificate/ Certified True Copy of Marriage Certificate  
Affidavit of Waiver or Quit Claim (*if applicable*)