



**Bureau of Jail Management and Penology Mutual Benefit Association (BJMPMBAI), Incorporated**

144 Mindanao Avenue, Bahay Toro, Quezon City, Metro Manila Tel.: 02-926-6963

**SGTI APPLICATION FORM**

**CERTIFICATE OF CLAIMANT/S**

**1. NAME OF INSURED/DECEASED:**

Full Name (Please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Residence Address: \_\_\_\_\_

**2. Civil Status:** \_\_\_\_\_

**3. Date of Death:** \_\_\_\_\_

**5. Cause of Death:** \_\_\_\_\_

**6. Place of Death:** \_\_\_\_\_

**7. If **Married** or if with **Common-Law Relationship** with the deceased, indicate names of children with him/her:**

	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

**8. If **Single**, indicate names of surviving parents, illegitimate children of the deceased, brothers and sisters:**

	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

**9. Contact Numbers:** \_\_\_\_\_

**10. Mode of receiving the benefits in **CHECK**: (pls check)**

\_\_\_\_\_ Pick-up personally at BJMPMBAI

\_\_\_\_\_ Mailing at the above mailing address

\_\_\_\_\_ Deposited in Bank (Name) \_\_\_\_\_

Bank Account No. \_\_\_\_\_

I hereby certify that the above information is true and correct as to my own personal knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Relation to the deceased

Requirements: **(SUBMIT IN 2 COPIES)**

Death Certificate issued by Local Civil Registrar

Report of Death/Investigation report/Spot report

Latest payslip

If Married: Marriage contract & Birth Cert of children (legitimate/Illegitimate)

If Single: Marriage contract of parents/Birth Certificate of deceased