JAMAICA CONSTABULARY WELFARE FUND
FUNERAL GRANT (DEPENDENT) APPLICATION FORM

TICK AFFILIATION: POA ☐ JPF ☐ UDCA ☐

PHOTO

DATE OF APPLICATION: (dd/mm/yyyy) _____

REG:_____ RANK: _____

SURNAME:_____ FIRST NAME: _____ MIDDLE NAME:_____

PERSONAL ADDRESS: _____

TELEPHONE:_____ EMAIL: _____

DIVISION OF APPLICANT: _____ EMPLOYMENT NUMBER:_____

ACTIVE MEMBER: ☐ RETIRED: ☐ DATE OF RETIREMENT: (dd/mm/yyyy)_____ TRN: _____

I hereby apply for assistance to bury: Father: ☐ Mother: ☐ Spouse: ☐ Child (under 18 years): ☐

NAME OF DECEASED: Surname: _____ Middle:_____ First _____

DATE OF DEATH: (dd/mm/yyyy)_____ DATE OF FUNERAL: (dd/mm/yyyy) _____

FUNERAL HOME: _____ ADDRESS:_____

ACCOMPANYING DOCUMENTS: Attached to this application are copies of

Death Certificate/Burial Order: ☐ Birth Certificate ☐ Marriage Certificate ☐

Where the father's name does NOT appear on the applicant's Birth Certificate, or where the relationship is NOT bound by marriage, the applicant MUST supply a letter from a Justice of the Peace (JP) verifying this information

ADDITIONAL INFORMATION

APPLICANT'S NEXT OF KIN: Surname:_____ First Name:_____

RELATION TO APPLICANT:_____ TELEPHONE: _____

ELECTRONIC BANKING OPTION: Do you have a Scotiabank Account: Yes ☐ No ☐

If yes, provide account number:_____ Branch:_____

Account type: Savings ☐ Chequing ☐

OFFICIAL USE

Does the member's contribution exceed 1 year?

Yes: _____ **Page #** _____

No: _____ **Page #** _____

Amount: $ _____ **Payee:**_____

Documents checked by: _____ **Date: (dd/mm/yyyy)**_____

Approved by:_____ **Date: (dd/mm/yyyy)** _____