

**MAURITIUS EX - SERVICES TRUST FUND**

Declaration Form For Funeral Grant

File No .....

Army No. ....

- 1. Name of Deceased (in block letters) Mr / Mrs .....
- 2. Other Name(s) .....
- 3. Full Home Address ..... Age .....
- 4. Documents Produced by .....
- 5. Surname Mr /Mrs / Miss .....
- 6. Other name(s) .....
- 7. Full Home Address .....
- 8. Place and date of Death ..... Date .....
- 9. Marriage Cert. No. .... of ..... Dated .....
- 10. Death Cert. No. .... of ..... Dated .....
- 11. Undertaker's Receipt from .....  
of..... Date .....
- 12. Identity Card No..... Dated .....
- 13. Other documents produced .....
- .....
- .....
- .....
- .....

*I hereby declare that the above declaration made by me is true*

Dated this ..... day ..... 20 .....

*Applicant's Signature  
or  
Thumb Mark*

**OFFICE**

**COMMITTEE'S DECISION**

Date of payment .....

Signature .....