Republic of the Philippines
QUEZON CITY
Office for the Senior Citizens' Affairs
1st Floor QC Community Ctr, Gate-3, Cityhall Complex, Kalayaan Ave., Quezon City
E-mail: osca@quezoncity.gov.ph / Telephone: +632-8703-2843

Q.C. DEATH BENEFIT WELFARE ASSISTANCE

Ordinance# 2544 S-2016 (DBWA) ₱5,000.00 Control No._____

PERIOD TO CLAIM: ***Only claims for Death Benefit Welfare Assistance submitted within three (3) months from date of death of senior citizen shall be processed.***

NAME OF DECEDENT: _____ ___ _____
(Pangalan ng Senior na namatay) *FIRST NAME* *M.I.* *LAST NAME*

|___|___|___|-|___|___|___|-|___|___|___|___|___|___|___|___|-|___|___| __ __ __ __ __ __
Senior Citizen's QCitizen-Card Number or Old OSCA-ID#

DATE OF DEATH:___ ___ /___ ___ /___ ___ AGE OF DECEDENT: ___ ___ ___
(Petsa namatay) *MONTH DAY YEAR* (Edad ng Senior ng Mamatay)

COMPLETE ADDRESS:_____
(Kumpletong tirahan) *HOUSE# / STREET* *SUBDIVISION / PUROK*

BARANGAY:_____ _____
(Paki-sketch o iguhit ang direksiyon ng tirahan sa likod ng aplikasyon) *DISTRICT*

NAME OF CLAIMANT: _____ ___ _____
(Pangalan ng humihiling) *FIRST NAME* *M.I.* *LAST NAME*

CONTACT NUMBER:(Cellphone#)|_**0**_| |_**9**_| |___| |___|-|___| |___| |___|-|___| |___| |___| |___|

RELATIONSHIP WITH DECEDENT:_____
(Relasyon sa namatay)*ASAWA o ANAK o MAGULANG o KAPATID o APO etc.*

REQUIREMENTS TO BE SUBMITTED

- ***Decedent's QCitizen-ID or Old OSCA Card (1-Original and2-Photocopies)***
- ***Decedent'sDeath Certificate - Civil Registry or PSA (1-Original and 1-Photocopy)***
- ***Decedent's CENOMAR for singlesenior citizen - PSA (1-Original and 2-Photocopies)***
- ***Claimant's QC-ID (1-Original and2-Photocopies)*** **and other add'l documents below:**

SURVIVING SPOUSE:
- ***Claimant's Marriage Certificate -Civil Registry or PSA (1-Original and2-Photocopies)***

CHILD/CHILDREN:
- ***Death Certificate of Decedent's Spouse - CCRD or PSA (1-Original and2-Photocopies)***
- ***Claimant's Birth Certificate - Civil Registry or PSA (1-Original and2-Photocopies)****
- ***Affidavit of Undertaking Form - downloadable (1-Original and1-Photocopy)****

PARENTS:***[with any applicable requirements above*]***
- ***Decedent's Birth Certificate - Civil Registry or PSA (1-Original and 2-Photocopies)****

SIBLINGS(BROTHER / SISTER):***[with any applicable requirements above*]***
GRANDCHILD: ***[with any applicable requirements above*]***
- ***Death Certificate of Relatives above - CCRD or PSA (1-Original and 2-Photocopies)***

NOTE: ***All bereaved claimant must be registered residents of Quezon City.After verification of the documents submitted, applicant will be asked to wait for further information.***

SUBMITTED BY:_____ ___ ___ /___ ___ /___ ___
SIGNATURE ABOVE PRINTED NAME *OSCA DATE RECEIVED*