



GOVERNMENT OF THE COOK ISLANDS
MINISTRY OF INTERNAL AFFAIRS

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SOCIAL WELFARE APPLICATION FOR SPECIAL ASSISTANCE - FUNERAL

PLEASE INDICATE THE TYPE OF BENEFIT THE DECEASED WAS RECEIVING:

- OLD AGE PENSION CHILD BENEFIT INFIRM RELIEF DESTITUTE RELIEF

DECEASED BENEFICIARYS' DETAILS

FIRST NAME: _____

SURNAME: _____

Date Of Birth: ____/____/____

GENDER: MALE

FEMALE

Date Deceased: ____/____/____

ISLAND: _____

VILLAGE: _____

SUPPORTING DOCUMENTS

I have provided all the required supporting documents

Death Certificate/ Notice of Death

REF: _____

BCI Bank Card/ Passbooks

A/C Name: _____

A/C No: _____

DETAIL OF EXPENSES – you must provide invoices & receipts.

Expenses and invoice number.	COST
1.	
2.	
3.	
4.	
5.	

YOUR DETAILS (person whom completed the application form must also provide a form of i.d eg: drivers licence, passport or birth certificate)

FIRST NAME: _____

SURNAME: _____

Your relationship to the beneficiary: _____

Your contact number: _____

The information I have provided is true and complete. The conditions of receiving this benefit/assistance have been explained to me and I understand these conditions.

Signature of applicant: _____ date: _____

OFFICE USE ONLY

Statement by Officer: I have explained the conditions for receiving of this benefit/ assistance and explained what the clients obligations means and the reason for them. The client has indicated that he/ she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print) _____ Signature _____ date _____

Additional Information:

Recommendation:

(Outer Islands/ Rarotonga)

Application received by: _____

Dates

Application received: _____
Supporting documents : _____
Supplementary documents: _____
Referred to Main Office _____
O/Island Application No. _____
Head Office Application No. _____

(Rarotonga ONLY)

Application received by: _____

Dates

Pay period: _____
Payment amount: _____
Other payment: _____
Payment amount: _____
Addition Voucher No. _____
Main Vchr from: _____

FOR DIRECTOR/ COMMITTEE

Decision: _____

Name (print) _____ Signature _____ date _____