



Application Form for PAFSFA Claims



Reference Nr. _____

Date of Application: _____

(to be filled out by OAFA personnel)

Section A. Information about the Applicant/Claimant		
1. Full name (<i>last, first, middle</i>)		2. Rank/AFP Serial Number/BOS:
3. Date of birth (<i>mm/dd/yyyy</i>)	4. Age:	5. Gender:
6. Unit:		7. Relationship to deceased:
8. Address:		9. Contact Number:
Section B. Information About the Deceased		
1. Full name (<i>last, first, middle</i>)		2. Date of death (<i>mm/dd/yyyy</i>)
3. Cause of death:		

Please check the following requirements submitted and attach to this form:

- Letter Endorsement from Unit
- Death Certificate
- Birth Certificate of claimant
- Marriage Contract of claimant (*for married female claimants/spouse of deceased*)
- Latest Payslip of claimant
- Burial Receipt
- Photocopy of 2 Government issued IDs of claimant
- Others (*as required*)

*Note: All documents must be scanned in PDF format and send to pafsfamrs@gmail.com

I certify that the above information is true and correct.

SIGNATURE OVER PRINTED NAME OF APPLICANT

Received by:

SIGNATURE OVER PRINTED NAME