

REPORTING THE PASSING OF MILITARY VETERAN

- Where applicable

1. MILITARY VETERAN PERSONAL INFORMATION:

FORCE NUMBER:	<input type="text"/>	IDENTITY NUMBER:	<input type="text"/>
SURNAME:	<input type="text"/>		
FULL NAMES:	<input type="text"/>		
DATE OF DEATH:	<input type="text"/>		
NAME OF CEMETERY:	<input type="text"/>		
TOWN OF BURIAL:	<input type="text"/>		

2. DEPENDANTS CONTACT DETAIL:

CURRENT RESIDENTIAL ADDRESS: (INCLUDE PROVINCE)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
CURRENT POSTAL ADDRESS:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
CONTACT NUMBERS:	Home Phone:	<input type="text"/>
	Work Phone:	<input type="text"/>
	Home Fax:	<input type="text"/>
	Work Fax:	<input type="text"/>
	Cell:	<input type="text"/>
	Alternative Cell:	<input type="text"/>
	E-Mail:	<input type="text"/>

1. **Certified copies of the following documentation must be attached** to the completed form:

- a. Veteran's RSA Identity Document as well as his/her Death Certificate.
- b. Veteran's Marriage Certificate.
- c. Spouse's ID and Children's Birth Certificates/ID Documents.
- d. Proof of Residence.

IT IS A CRIMINAL OFFENCE TO COMPLETE FALSE INFORMATION ON THE REGISTRATION FORM AND ANY PERSON FAILING TO PROVIDE TRUE INFORMATION MAY BE FOUND GUILTY OF A CRIMINAL OFFENCE OR MAY BE LIABLE TO A FINE.

I DECLARE THAT ALL THE INFORMATION PROVIDED (INCLUDING ANY ATTACHMENTS) ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE INFORMATION IS SUPPLIED VOLUNTARILY.

DEPENDANT NAME AND SIGNATURE _____

DATE _____

COMPILER: _____

PROVINCE: _____

REGISTER SERIAL: _____