

**PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN**

(Government Service Insurance System)

M a n i l a

**PROOFS OF SURVIVING LEGAL HEIRS AND GUARDIANSHIP**

N.B. Answer all questions completely. Wrong answers and unfilled blanks may cause delay.

**CLAIMANT-GUARDIAN AND WITNESS STATEMENTS UNDER OATH**

1. Name of deceased in full \_\_\_\_\_

2. Residence of deceased at time of death \_\_\_\_\_

3. Name of Office / Position of deceased \_\_\_\_\_

4. Date and Place of deceased's birth \_\_\_\_\_

5. Date and Place of death \_\_\_\_\_

6. What is your relationship with the deceased \_\_\_\_\_

7. Is the estate of the deceased under administration? If so, attach a certified true copy of appointment of the administrator.

8. Was there any will found? If so, attach a certified true copy of the will as probated by the court.

9. Names of surviving legal heirs of the deceased at the time of death in the following order:

a. Widow or widower \_\_\_\_\_

b. Children: (Answer the following questions by either YES or NO)

Is/Are there legitimate child/children? \_\_\_\_\_

Is/Are there legally adopted child/children? \_\_\_\_\_

Is/Are there acknowledged natural child/children or other illegitimate child/children? \_\_\_\_\_

If the answer is YES, fill in the blanks below name/s of the child/children under the appropriate categories:

(Attach certified true copies of their birth certificates, if not available, their baptismal certificates or adoption papers).

LEGITIMATE	LEGALLY ADOPTED	ACKNOWLEDGED NATURAL	ILLEGITIMATE
------------	-----------------	----------------------	--------------

(1) _____	_____	_____	_____
-----------	-------	-------	-------

(2) _____	_____	_____	_____
-----------	-------	-------	-------

(3) _____	_____	_____	_____
-----------	-------	-------	-------

(4) _____	_____	_____	_____
-----------	-------	-------	-------

(5) _____	_____	_____	_____
-----------	-------	-------	-------

c. Father and mother of the deceased in absence of legitimate children or if deceased is single

d. Paternal and maternal grandparents in the absence of persons under items (b) and (c) above

e. Brothers and sisters in the absence of persons under (b), (c), and (d) above

f. Children of deceased brothers and sisters. This is required only in the absence of persons under items (b), (c), (d), and (e)

g. Other relatives. This is required only in the absence of persons under items (a), (b), (c), (d), (e), and (f). (The right to inherit by intestate succession (without will) shall not extend beyond the fifth degree of relationship in the collateral line.

10. Names of minor children who have interest in the proceeds of the benefits due the deceased and payable by the GSIS:

NAME OF MINOR/S	AGE
-----------------	-----

1. _____	_____
----------	-------

2. _____	_____
----------	-------

3. _____	_____
----------	-------

4. _____	_____
----------	-------

5. _____	_____
----------	-------

11. Name of the person who has care and custody of the above minor/s who declares as follows:

That the abovementioned minor/s is/are under my care and custody;

That he/she is competent to receive in behalf of said minor/s the amount/s due him/them in the proceeds of insurance and social benefits due the deceased;

That he/she is not an imbecile, insane, vagrant, or vicious person or a habitual drunkard or a habitual criminal, and has not abandoned, neglected or refused to support said minor/s or caused him/them to commit offenses against the law;

That the minor/s indicated herein does/do not own any property the aggregate amount of which exceeds Fifty Thousand Pesos (P50,000.00).

The undersigned hereby make/s claim to the life/retirement benefits due the deceased in the GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS) and agree/s that the written statements and affidavits and all other papers called for by the instructions hereon shall constitute and be made part of these Proofs of Surviving Legal Heirs and Guardianship and further agree/s that the furnishing of the form, or of any other forms supplemental thereto, to said System shall not constitute or be considered an admission by the System that the deceased was entitled to the benefits under CA 186, as amended, PD 1146 or PD 626, as amended, nor waiver of any of its rights and defenses.

\_\_\_\_\_  
(Signature of Claimant-Guardian)

\_\_\_\_\_  
(Signature of Claimant-Guardian)

**CORROBORATION**

We, \_\_\_\_\_ and \_\_\_\_\_, both of legal age, single/married, hereby confirm the foregoing statements of claimant/s to be true and correct. We further state that we have known the deceased for around \_\_\_\_\_ years; that we are not related whether by consanguinity or affinity to him/her and that the deceased was buried at \_\_\_\_\_ Cemetery.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

REPUBLIC OF THE PHILIPPINES )  
City / Municipality \_\_\_\_\_ ) S.S.

At the City/Municipality of \_\_\_\_\_, Province of \_\_\_\_\_ on this day of \_\_\_\_\_, 19 \_\_\_\_\_ appeared before me the above-named claimant/s and the corroborating witnesses:

\_\_\_\_\_ personally known to me, who acknowledge that the foregoing statements made by them on this form are true and correct to the best of their knowledge and belief. Affiants exhibited to me their respective Residence Certificates as follows:

NAME	RES. CERT. NO.	DATE	ISSUED AT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTARY PUBLIC  
Until December 31, 19\_\_\_\_\_

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 19 \_\_\_\_\_;