**Payment of Benefits and Allowances to Beneficiary of the Deceased DepED Personnel Checklist**

Schools Division Office/Payee:

Amount:

Particulars:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

* + [ ]  Request Letter
	+ [ ]  Signed Payroll (Boxes A, B, C)
	+ [ ]  Original / Authenticated PSA/NSO Certificate / Certified True Copy by the Records Officer:
* [ ]  Certificate of Death of the deceased
* [ ]  Certificate of Marriage of the deceased & surviving spouse
* [ ]  Certificate of Live Birth of the primary beneficiary
	+ [ ]  Photocopy of 2 valid IDs of the primary beneficiary
	+ [ ]  Active LBP Account Number of the primary beneficiary (if applicable)
	+ [ ]  Certificate of Non-Pending Case
	+ [ ]  Affidavit of Next Kin/Legal Heirs
	+ [ ]  Decision/Designation of Beneficiaries
	+ [ ]  Waiver of rights of the other beneficiaries in favor of the other/s (optional)
	+ [ ]  Other/s:
* [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that above documents are complete and arranged as per checklist.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature over Printed Name / Date

Email Address:

Contact Number/s: