**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: