



AFFIDAVIT OF SURVIVING HEIRS/SURVIVING SPOUSE/
GUARDIAN OF MINOR OR DEPENDENT CHILD/REN
Form No. 02202024-ASLH-REV 01

Note: Fill in all the blanks completely and correctly. Write NONE or NOT APPLICABLE, if it is such. Incorrect or incomplete information may cause delay.

REPUBLIC OF THE PHILIPPINES)
CITY/ MUNICIPALITY OF _____ S.S

AFFIDAVIT OF SURVIVING HEIRS/SURVIVING SPOUSE/
GUARDIAN OF MINOR OR DEPENDENT CHILD/REN

After having been duly sworn to in accordance with law, I/we hereby depose and state as follows:

- 1. Name in full of deceased member/pensioner/retiree _____
- 2. Residence of deceased at the time of death _____
- 3. Name of office/position of the deceased _____
- 4. Date and place of birth of the deceased _____
- 5. Date and place of death of the deceased _____
- 6. Is the estate of the deceased under administration? If so, attach a certified true copy of appointment of the administrator.

I. Declaration of Surviving Heirs

The deceased is survived by the following heirs:

- a) Widow or widower _____
- b) Children (Include all children whether legitimate, legitimated, legally adopted, or illegitimate. Attach their birth certificates and/or adoption papers. In the absence of any children in any of the categories, the word NONE instead of the words NOT APPLICABLE should be clearly indicated under such category/ies.)

Name	Date of Birth	Order of Birth	Legitimate/ Legitimated/ Legally Adopted/ Illegitimate

- c) Father and mother of the deceased in the absence of legitimate/d children: _____
- d) Paternal and maternal grandparents in the absence of persons under items (b) & (c) above: _____
- e) Brothers and sisters in the absence of persons under items (b), (c), & (d) above: _____

Name	Date of Birth	Order of Birth	Relationship (e.g. full brother/ sister; half-brother/ sister)

- f) Children of deceased brothers and sisters in the absence of persons under items (b), (c), (d) and (e) above:

Name	Date of Birth

II. Declaration of Surviving Spouse

I, _____ (name of widow/widower), have not remarried, cohabited with another person, or otherwise engaged in a common-law relationship since the death of my spouse. I acknowledge that, if granted, my entitlement to survivorship benefit from the GSIS will automatically and permanently terminate the moment that I re-marry, co-habit with any person, or engage in a common-law relationship, whether of the same or opposite sex, and whether such a relationship is still subsisting.

I hereby agree unconditionally to reimburse/return to the GSIS, without need of demand or judicial action, all survivorship benefits that I may unduly receive after my entitlement thereto is terminated as stated above.

III. Declaration of Guardian of Minor and/or Dependent Children

I, _____ (name of guardian), am the _____ (state relationship with the child/ren, e.g. father/ mother/ aunt/ uncle, etc.) and the legal guardian of the following minor and/or incapacitated child/ren:

Note: Only children who is/are below 18 years old (if claiming for survivorship benefit under RA. 8291) or below 21 years of age (if claiming for survivorship benefit under PD 1146) and/or incapacitated children, regardless of age, should be included in the list.

Name of MINOR or DEPENDENT child/ren	Date of Birth	Order of Birth	Nature of incapacity (if applicable)

I am fully aware that if the said child/ren is/are granted survivorship benefit by the GSIS, his/her/their entitlement thereto will automatically and permanently terminate the moment he/she/they is/are over 18 years old or if incapacitated, upon his/her/their death. Consequently, I hereby unconditionally make myself personally and solidarily liable with the children for whatever survivorship benefit that the latter may unduly receive from the GSIS after his/her/their entitlement thereto is terminated as stated above.

IV. Other Important Declarations (Common to all Affiants)

Pursuant to and consistent with the declarations made above, I/we hereby authorize the GSIS to secure information from the Philippine Statistics Authority (PSA), or other relevant government offices, or private entities to validate or check the facts herein declared.

I/we fully understand that any inaccurate and untruthful statement in this affidavit shall render me/us criminally and civilly liable.

I/we hereby agree that the written statements, affidavits or all other papers called for in relation to my/our claim before the Government Service Insurance System (GSIS) shall constitute and be made part of this document.

I/we further agree that the furnishing of this document or of any other forms supplemental thereto to the said System shall not constitute or be considered as an admission by the System that the deceased was entitled to the benefits under CA 186 as amended, PD 1146, PD 626 as amended, or RA 8291. This should not likewise be construed as waiver of any of GSIS' rights or defenses.

I/we am/are executing this affidavit to attest to the truth of the foregoing statements in support of my/our application with the GSIS and for other legal purposes it may serve.

DATA PRIVACY CONSENT

I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.

_____ Legal Spouse – Affiant	_____ Parent – Affiant
_____ Parent – Affiant	_____ Child – Affiant
_____ Child – Affiant	_____ Child – Affiant

(signature over printed name)

(use additional pages as necessary)

CORROBORATION

We, _____ and _____, both legal age, single/
married, hereby confirm the foregoing statements of the claimant/s to be true and correct. We further state that we have
known the deceased for around _____ years and that the deceased was buried at _____.

Name and Signature of Witness

Name and Signature of Witness

Republic of the Philippines }
Municipality/ City of _____ S.S }

BEFORE ME, a Notary Public for and in _____ this _____ day
of _____ 20 _____, personally appeared the following:

Name	Type of Government ID	Date of Issue/Expiry	Place issued

who acknowledged that the foregoing statements made by them on this document are true and correct to the best of their
knowledge and belief.

TO THE TRUTH OF FOREGOING, witness now my hand and seal on the date and place mentioned above.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Notary Public