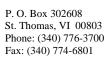


GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF LABOR

4401 Sion Farm - Christiansted St. Croix, VI 00820-4245 Phone: (340) 713-3413 Fax: (340) 772-3365





Workers' Compensation Administration

CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH

INSTRUCTIONS: Every question on this blank must be answered. Write in ink or on a typewriter. The claim must be filed within 60 days after the injury or death. Be sure to give the name and address of the employer.

(THIS CLAIM MUST BE SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC)

	due to a	n accident which o	ccurred on the	day of
	20 , sustained	d while in the perfo	rmance of duty in th	e employment o
	of			
Name of Employer		Ac	ddress of Employer	
Full name of deceased				
Nature and extent of injury				
Date of death	Place who	ere death occurred		
Rate of pay of deceased employee	• •			
\$ per weel	k; \$	_ per day; \$ _		per hour, an
substance valued: \$				
With reference to above claim, l	hereby make the followi	ng statements:		
REGARDING THE DECEASE	D EMPLOYEE : Sex?	_ Age? Us	ual Occupation	
Oid deceased speak English?				
Where born?	How long did decea	sed work for the en	nployer indicated ab	ove?
In what occupation?	Was decease	ed doing usual world	when injured?	If not, wha
work?				
REGARDING PLACE OF ACC				
	TC C	nployer's premises,	give brief explanati	on of duty whic
	if away from en			
carried deceased there	If away from en			
REGARDING MEDICAL ATT	ENDANCE: Did you or	•	•	
	ENDANCE: Did you or Has he done so?	What phys	ician attended decea	sed?
REGARDING MEDICAL ATT medical attendance?	ENDANCE: Did you or Has he done so? Where	What phys	•	sed?
REGARDING MEDICAL ATT medical attendance?	ENDANCE: Did you or Has he done so? Where	What phys	ician attended decea	sed?
REGARDING MEDICAL ATT medical attendance? Was deceased sent to hospital?	ENDANCE: Did you or Has he done so? Where What hospital?	What phys	ician attended decea	sed?
REGARDING MEDICAL ATT medical attendance? Was deceased sent to hospital? REGARDING SURVIVING SP	ENDANCE: Did you or Has he done so? Where What hospital? OUSE: Full name of survi	What phys	ician attended decea	sed?
REGARDING MEDICAL ATT medical attendance? Was deceased sent to hospital? REGARDING SURVIVING SP	ENDANCE: Did you or Has he done so? Where What hospital? OUSE: Full name of survi	What phys e? ving spouse Addre	ess	sed?
REGARDING MEDICAL ATT medical attendance? Was deceased sent to hospital? REGARDING SURVIVING SP	ENDANCE: Did you or Has he done so? Where What hospital? OUSE: Full name of survi	What phys	ess	sed?
REGARDING MEDICAL ATT medical attendance? Was deceased sent to hospital? REGARDING SURVIVING SP Date of birth Place	ENDANCE: Did you or Has he done so? Where What hospital? OUSE: Full name of survi of birth lloyee	What phys e? ving spouse Addre Place of mar	ess	sed?

Notary Public

REGARDING SURVIVING CHILDREN: Full names, sex, and dates of birth of children under 18 years of age at the time of death of deceased employee, or who, though over 18 years of age, are disabled for work or otherwise unable to support themselves:

		Sex	Date of B	irth	Addre	ss		ormation as to lency on deceased employee
•								
•								
•								
EGARDING OTHER D	EPENDEN		e of Birth	Relationsh	in	Address		Information as t
Name	Bea	Dat	c or Birtin	to Decease	-	Addiess		dependency on
								deceased employ
	NS: Name	s and	addrace of	guardian of	each mine	er listed in this	claim	
EGARDING GUARDIA	NS: Name						claim:	Relationship to
	.NS: Name		address of e of Guardi			or listed in this	claim:	Relationship to minor, if any
EGARDING GUARDIA Name of Minor	NS: Name						claim:	
REGARDING GUARDIA Name of Minor	NS: Name						claim:	
	NS: Name						claim:	
. REGARDING GUARDIA Name of Minor	and every SCRIBED	Nam state	e of Guardi	orth above i	s true to the	Address	knowled	minor, if any dige and belief.

Address