



GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES

## DEPARTMENT OF LABOR

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### Workers' Compensation Administration

## **CONDITIONS GOVERNING DEATH BENEFITS**

The attached “**CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH**” form should be completed and forwarded to this Office accompanied by the following documents:

- (a) Death Certificate and Birth or Baptismal Certificate of the deceased.
- (b) Evidence of dependency of each person for whom compensation is claimed.
- (c) In case of Spouse:  
Marriage Certificate
- (d) In case of Legitimate Child:  
Birth or Baptismal Certificate
- (e) In case of Illegitimate Child:  
Birth or Baptismal Certificate  
Acknowledgement of Paternity or  
Certified Copy of Decree of Paternity
- (f) In case of other dependents:  
Evidence of Relationship  
Birth or Baptismal Certificate
- (g) In case of Minors:  
Copy of Appointment of Guardian
- (h) In all cases – Name, Sex, Age, and Relationship to decedent must be given

Also, certified bills or receipts coverings burial expenses incurred should be attached to claim.