



SAINT LUCIA

GOVERNMENT OF ST. LUCIA

# LIFE CERTIFICATE

I, \_\_\_\_\_

DESIGNATION OF WITNESS

do hereby declare that

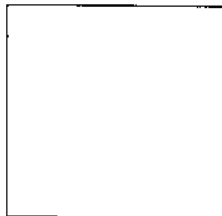
FULL NAME OF PENSIONER

came before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ and signed this Life Certificate.

SIGNATURE OF PENSIONER

ADDRESS OF PENSIONER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Place official stamp here

SIGNATURE OF WITNESS

**NOTE:** This declaration must be made before a Medical Practitioner, Justice of the Peace, Minister of Religion, Senior Civil Servant, Notary Royal/Public, Solicitor or Judge.

*(To be submitted in June and December yearly)*