

OFFICE OF THE VICE PRESIDENT

Burial Assistance Application Form

Processing of Applications and Interviews are done at
 Ground Floor Ben-Lor Bldg., 1184 Quezon Ave., Quezon City
 Contact # (02) 8-370-1714 or 8-370-1716 local 113 and 112
 Email Address: pad@ovp.gov.ph



**OFFICE OF THE
 VICE PRESIDENT
 OF THE PHILIPPINES**

Date of Interview	
Record No.	



Name of Deceased	FIRST NAME	MIDDLE NAME	LAST NAME
Occupation	Educational Attainment		
Date of Death	MONTH, DAY, YEAR	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
			Total Cost of Funeral Contract

Details of Authorized Representative

The representative must be listed as a family member of the deceased in the DSWD Social Case Study Report

Name of Authorized Representative	FIRST NAME	MIDDLE NAME	LAST NAME
Relationship to the Deceased	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Number
Address			E-mail Address

Pursuant to the Data Privacy Act of 2012 (Republic Act 10173), I hereby give my consent to the Office of the Vice President (OVP) to process my personal information and sensitive personal information for my application for burial assistance. I understand that the processing shall be limited to the purpose specified.

Ako si _____, (representative), ay nangangako na ang lahat ng impormasyon at dokumentong aking isusumite ay tunay at totoo. Naiintindihan ko na ang aking ipinang aplikasyon ay dadaan muna sa pagsusuri upang makumpirma ang katunayan ng mga dokumento.

Anumang mapatunayang kasinungalingan o pag gamit ng mga pekeng dokumento ay magdudulot ng disqualification o pagkansela ng aplikasyon para sa Burial Assistance Program at maaaring magresulta sa criminal o civil liability gaya ng pagkakulong at multa.

**SIGNATURE OVER PRINTED NAME
 OF AUTHORIZED REPRESENTATIVE**

DATE

Evaluation

TO BE FILLED OUT BY OVP PERSONNEL

<input type="checkbox"/>	FOR COMPLETION OF REQUIRED DOCUMENTS
	Please return on: _____ Actual Date of Return: _____
	<i>Details/Instructions to be placed on the checklist at the back of this form.</i>
<input type="checkbox"/>	RECOMMENDED FOR APPROVAL
	<input type="checkbox"/> has submitted complete, valid and updated documentary requirements (per checklist at the back page)
<input type="checkbox"/>	DENIED
	<input type="checkbox"/> Invalid/Non-compliant Documents <input type="checkbox"/> Already Buried/Interred <input type="checkbox"/> Others: _____

Processed by

**SIGNATURE OVER PRINTED NAME
 OF PAD STAFF**

DATE

Maximum Assistance that can be provided by OVP is ₱5,000 and only before burial or interment.

Version 10.0 June 30, 2022

Requirements	Validity Conditions
<input type="checkbox"/> Application Form	na nasagutan ng maayos at pirmado ng authorized representative
<input type="checkbox"/> Social Case Study Report o Barangay Certificate of Indigency	addressed to OVP o generic. Dapat ito ay pirmado ng registered social worker o ng Barangay Captain, at ang petsa ay hindi lalampas ng 1 year sa araw ng assessment.
<input type="checkbox"/> Registered Death Certificate	ito ay dapat may kumpletong detalye at pirma ng authorized staff
<input type="checkbox"/> Valid ID ng Deceased	(Kung walang Valid ID ay Birth Certificate, hanggat ang detalye ay kaparehas ng nakasulat sa Registered Death Certificate at Social Case Study Report o Barangay Certificate of Indigency)
<input type="checkbox"/> Valid ID ng Authorized Representative (front and back)	

Listahan ng Valid IDs (Dapat hindi expired sa araw ng interview)

- | | | | |
|------------------------|------------------------------|-----------------|--------------------------------------------|
| 1. Driver's License | 7. PWD ID | 13. 4Ps ID | Kung ang pasyente ay menor de edad: |
| 2. NBI Clearance | 8. Senior Citizen ID | 14. Postal ID | |
| 3. Passport | 9. Solo Parent ID | 15. Company ID | |
| 4. PhilHealth ID | 10. TIN ID | 16. Barangay ID | |
| 5. Police Clearance/ID | 11. UMID/GSIS or SSS ID | 17. National ID | 1. Registered Birth Certificate |
| 6. PRC ID | 12. Voter's Certification/ID | | 2. School ID (kasalukuyang enrolled) |
| | | | 3. Barangay ID |
| | | | 4. Service Issue Card |

Mga Paalala

Ayon po sa aming Guidelines, maaari lamang pong makatanggap ng tulong medikal mula sa OVP **once every twelve (12) months. Ito po ay upang mabigyan ng pagkakataon ang mas marami pang nangangailangang indibidwal na makatanggap ng tulong medikal.**

Para din po sa inyong kaalaman, hindi po namin mapo-proseso ang request na may mga kulang na dokumento.

Humihingi po kami ng paumanhin kung hindi po agarang mapo-proseso ang inyong aplikasyon. Ito ay dahil sa dami ng bilang ng mga requests na natatanggap ng aming opisina. Huwag po kayong mag-alala at kayo po ay agad naming kokontakin tungkol sa status nito kapag ito po ay dumaan na sa aming pagsusuri.

Para sa nais mag follow-up, maaari po kayong tumawag sa **8370-1714** local **113** o mag e-mail sa **pad@ovp.gov.ph**

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