



FSM Social Security Administration
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Form No. FSMSS-129 Rev. 8/2004

NOTICE FOR CLOSING DUE TO DEATH
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Date of Notice:	Source of Death Information:
WE SS NO.:	NAME OF FILE:

THE PERSON WHO DIED IS A:

	NAME	SS NO.
<input type="checkbox"/> Retiree		
<input type="checkbox"/> Disability Beneficiary		
<input type="checkbox"/> Surviving Spouse		
<input type="checkbox"/> Surviving Child		
<input type="checkbox"/> Payee		

DATE OF DEATH:

If guardian or payee for surviving child/children under another Deceased or Wage Earner:

Name of Wage Earner

RETURNED CHECK(S):

Check No.	for month of	Year

Prepared by:	Date	APPROVED FOR CLOSING OF BENEFITS:	
		_____ Leon Panuelo, Jr., Administrator	_____ Date