



WARRANTY AND RELEASE FROM LIABILITY

I, the undersigned, of legal age, Filipino, hereby state:

1. I am the (nearest relative / duly authorized representative of nearest surviving living relatives) of the following beneficiary of the Centenarian Act being implemented by the Department of Social Welfare and Development (DSWD):

(Name of Beneficiary)

2. Said beneficiary died on _____ (date).
3. I hereby release and agree to hold free from any responsibility and liability the DSWD, and its officers and employees, if any other person/s should appear and represent to be the nearest relative or duly authorized representative of the nearest surviving living relatives of said beneficiary.

Signature over full name of claimant

Address and Contact Number

Date

NOTARY PUBLIC