



# LIFE CERTIFICATE 2020

Full name

Address

Telephone no

email address

National insurance number

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**I certify that I am the member named above and my address is as shown.**

Signed and dated

## **WITNESS DECLARATION**

**I certify that:**

- **I am not a relative, warden or home help of the member named above.**
- **I do not live at the same address as the member.**
- **This form was signed in my presence by the member.**

Print full name

Home address

Telephone no

Signed and dated

You may either return your completed form to us at P O Box 27001, Glasgow G2 9EW or scan and email it to [spfo@glasgow.gov.uk](mailto:spfo@glasgow.gov.uk)

Note: information about how your information will be handled is available on our website at [https:// www.spfo.org.uk/index.aspx?articleid=14527](https://www.spfo.org.uk/index.aspx?articleid=14527)