

LIFE CERTIFICATE 2024

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

Please scan and email your completed form to us at spfo@glasgow.gov.uk subject header **Life Certificate 2024** or post it to PO Box 27001, Glasgow G2 9EW.

We have a responsibility to protect your information. Visit the privacy notice area of our website to find out more.