

**Template 3. Petition for Establishment of Fact of Marriage**

Republic of the Philippines  
**SOCIAL SECURITY COMMISSION**  
Makati City

\_\_\_\_\_,  
Petitioner,

- versus -

SSC CASE NO. \_\_\_\_\_

\_\_\_\_\_,  
Respondent/s,

**SOCIAL SECURITY SYSTEM,**  
Respondent/Intervenor.

x ----- x

# P E T I T I O N

**COMES NOW** Petitioner (*full name of petitioner*), by counsel, and unto this Honorable Court, most respectfully states that:

**1. PERSONAL CIRCUMSTANCES OF THE PARTIES:**

**1.1. PETITIONERS**

Name of Petitioner \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_

Petitioner's home address

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Province, if applicable \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

Place of Work \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

*If petitioner is assisted by counsel or law student pursuant to the requirements under this Commission's Revised Rules of Procedure*

Petitioner's Counsel or assisting law student

Name \_\_\_\_\_

Firm Name/Law school clinical legal education program

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_



- Certificate of Non-Availability of Records of Marriage issued by the Local Civil Registrar (Annex “\_\_”)
- Certificate of Non-Availability of Records of Marriage issued by the PSA (Annex “\_\_”)
- Deceased Member’s Advisory on Marriages issued by the PSA (Annex “\_\_”)

**and** two or more of the following documents (*specifically showing date of marriage or status of relationship*):

- Certificate issued by the church as to the celebration of marriage per its record (Annex “\_\_”)
- Affidavit/s of person/s who witnessed petitioner and member’s wedding (Annex “\_\_”)
- Birth Certificate/s of child/ren of petitioner and member
- GSIS Policy of member
- Certificate/s of Land Title/s of petitioner and/or member
- Life Policy/Insurance of member
- Pag-IBIG Member’s Data Form of member
- Affidavits of Persons who attended petitioner and member’s wedding
- Others, specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.2.** SS member (*name of deceased member*) died on (*date of death*), as shown in the attached:

- Death Certificate (Annex “\_\_”)
- Court Order on the Declaration of Presumptive Death, if member is presumed dead (Annex “\_\_”)
- Others, specify \_\_\_\_\_

**2.3.1.** Did you file a death claim with the SSS on account of member’s death?

- Yes                                       No

**2.3.2.** If **NO**, why did you file a case with this Commission without first filing a claim with the SSS? (*State reason/s below*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.3.3.** If **YES**, what is/are the ground/s for the denial of your claim? (*Please attach letter of denial*)

- Insufficiency of documents submitted
- Deceased member has designated another person in his SSS Forms E-1 and/or E4 with relationship as follows:
  - spouse, named \_\_\_\_\_
  - child/ren, namely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- others, specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Another person/s filed a similar claim for SS death benefits
- Others, specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.3.4.** What is the SSS' written action in denying your claim?

- denial by the SSS President
- denial by the Manager or Officer-in-Charge or authorized personnel of the SSS Department/Branch/Representative Office concerned
- Certification from the Benefit Appeals Review Committee

**2.3.5.** (State your ARGUMENTS/DISCUSSIONS including applicable provisions of law, rules and regulations and attach documentary evidence)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. REMEDIES OR RELIEF SOUGHT**

**WHEREFORE,** petitioner respectfully prays that judgment be issued declaring petitioner (*state name of petitioner*) to be deceased member (*state deceased member's name*)'s legitimate surviving spouse and primary beneficiary, entitled to the survivor's pension benefit provided under the the Social Security Act of 1997.

Petitioner prays for such other reliefs as may be just and equitable in the premises.

(place signed), Philippines, (date signed).

(Name of petitioner and his/her signature or name/s and signature/s of his/her counsel or the assisting law student and his/her supervising attorney)

**VERIFICATION AND CERTIFICATION  
AGAINST FORUM SHOPPING**