

<p>Next of kin or Close relative acting on your behalf – please state relationship and their name:</p>	<p>Their address and telephone number:</p>
<p>Do you live in (mark with a tick)</p> <ul style="list-style-type: none"> ❖ Your own Home ❖ In Sheltered Housing ❖ With your Family ❖ With Carer 	<p>Name of your Synagogue:</p> <p>In which Synagogue were you married?</p>
<p>Doctors Name:</p> <p>Address:</p> <p>Tel:</p>	<p>Which Borough do you live in:</p> <p>National Insurance Number:</p>
<p>Signature of Applicant:</p>	
<p>Signature of Next of Kin or Representative:</p>	