

Statutory Parental Bereavement Pay (SPBP) Form - notice and evidence of entitlement

This form must be completed and submitted to your line manager within 4 weeks of the first date for which you are claiming SPBP

Employee name	
Employee number	
Department	
Start date of employment	
Date of child's death	
Dates of leave for which I am requesting pay	

Declaration: I, the employee, confirm that I meet one of the conditions for entitlement to statutory parental bereavement pay as outlined below and that this applied at the date the child passed away. I am (please tick one of the below):

The natural parent of the child	<input type="checkbox"/>
The natural parent of the child who was adopted but there was a court order in place for me to see the child/the child to stay with me/me to contact the child	<input type="checkbox"/>
A person with whom the child was placed for adoption, including a fostering for adoption scheme, and that placement was not been disrupted	<input type="checkbox"/>
A person who lived with the child when they entered the UK from overseas and I received 'official notification' to adopt them	<input type="checkbox"/>
An intended parent under the surrogacy arrangement where the court was expected to make a parental order under the Human Fertilisation and Embryology Act 2008	<input type="checkbox"/>
A 'parent in fact', who lived with the child and had day to day responsibility for their care for at least four weeks prior to their death	<input type="checkbox"/>
The partner of any of the above	<input type="checkbox"/>

I certify that the above information supporting my application for statutory parental bereavement pay is true and accurate.

Employee signature	
Date	