



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training
BOARD OF FIREFIGHTER'S RELIEF
1511 Pontiac Avenue
Cranston, Rhode Island 02920-4407
Telephone: (401) 462-8855



CLAIM FOR ANNUITIES TO DEPENDENTS OF DECEASED FIREFIGHTERS

\*Birth Certificate of Dependent Children and Death Certificate of deceased fireman must accompany this form

Widow Social Security #: \_\_\_\_\_

Widow Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Form section for deceased firefighter details including Name, Street, City/Town, State, Zip, Birthplace, ASSIGNMENT, Station, Other, Fire Department, PERM, VOL/ CALL, Years of Service, Date of Death, Cause of Death.

PLEASE LIST CHILDREN UNDER 18 YEARS OF AGE (If you need additional lines please attach a separate sheet)
Table with columns: Name, Birth Place, Month/Day/Year of Birth, Male/Female

I, THE UNDERSIGNED, HEREBY APPLY FOR BENEFITS UNDER THE PROVISIONS OF R.I. LAW TITLE 45-19 AND CERTIFY ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT
ON THIS DATE, THE CLAIMANT HERE SIGNED PERSONALLY APPEARED BEFORE ME AND UNDER OATH SAID THAT ALL STATEMENTS ARE TRUE AND COMPLETE
SIGNATURE OF CLAIMANT, SIGNATURE NOTARY PUBLIC OR JUSTICE OF THE PEACE, STREET ADDRESS OF CLAIMANT, COUNTY, MONTH, DAY, CITY/TOWN, STATE AND ZIP CODE OF CLAIMANT, SEAL

STATEMENT OF OFFICER OF FIRE DEPARTMENT
Name of Deceased Member, Address: Street, City/Town, State, Date became a Member, Date Deceased, Cause of Death, DATE, SIGNATURE OF OFFICER IN CHARGE, For Official Use Only, Signature, Chairperson of Board, Signature, Secretary of Board, Date: