



Department of Labor and Training
BOARD OF FIREFIGHTER'S RELIEF
1511 Pontiac Avenue
Cranston, Rhode Island 02920-4407



ONE TIME DEATH BENEFIT FOR FIREFIGHTER WHO DIED IN THE LINE OF DUTY

Include a Line of Duty statement from the fire department and an original death certificate.

CLAIMANT SOCIAL SECURITY #: _____ CLAIMANT DATE OF BIRTH: _____

CLAIMANT PHONE NUMBER: _____

Form with multiple sections: NAME OF DECEASED FIREFIGHTER, FIRE DEPARTMENT Name and Address, LOCATION OF FIRE OR DESCRIPTION/CAUSE OF INJURIES AND CIRCUMSTANCES CAUSING DEATH, PLEASE LIST CHILDREN UNDER 18 YEARS OF AGE, Name and Address of Attending Physician at time of Death, Date and Cause of Death, SIGNATURE OF CLAIMANT, SIGNATURE NOTARY PUBLIC OR JUSTICE OF THE PEACE, STREET ADDRESS OF CLAIMANT, CITY/TOWN, STATE AND ZIP CODE OF CLAIMANT.