



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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



ONE TIME DEATH BENEFIT FOR POLICE OFFICER WHO DIED IN THE LINE OF DUTY
Include a Line of Duty statement from the police department and an original death certificate.

CLAIMANT SOCIAL SECURITY #: \_\_\_\_\_ CLAIMANT DATE OF BIRTH: \_\_\_\_\_

CLAIMANT PHONE NUMBER: \_\_\_\_\_

Form with multiple sections: NAME OF DECEASED POLICE OFFICER (Street, City/Town, State, Zip), Birthplace (City/Town, State, Date), ASSIGNMENT (Station, Other), POLICE DEPARTMENT Name and Address, PERM, VOL, CALL (Please choose one), YEARS OF SERVICE (FROM, TO), LOCATION OF INCIDENT OR DESCRIPTION/CAUSE OF INJURIES AND CIRCUMSTANCES CAUSING DEATH, PLEASE LIST CHILDREN UNDER 18 YEARS OF AGE (Name, Birth Place, Month/Day/Year of Birth, Male/Female), 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, COUNTY, MONTH, DAY, YEAR, CITY/TOWN, STATE AND ZIP CODE OF CLAIMANT, SEAL.