



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
Death Certificate of deceased fireman
Letter from Fire Chief stating dates of service

Widow Social Security #: _____

Widow Date of Birth: _____

Phone Number: _____

Email: _____

Form with fields for: NAME OF DECEASED FIREFIGHTER, Street, City/Town, State, Zip; Birthplace; ASSIGNMENT, Station, Other; Fire Department; PERM, VOL/ CALL; Years of Service; Date of Death; Cause of Death; CHILDREN UNDER 18 YEARS OF AGE; SIGNATURE OF CLAIMANT; SIGNATURE NOTARY PUBLIC; STREET ADDRESS OF CLAIMANT; COUNTY, MONTH, DAY; CITY/TOWN, STATE AND ZIP CODE OF CLAIMANT; SEAL.

STATEMENT OF OFFICER BY FIRE DEPARTMENT CHIEF

Form with fields for: 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

Form with fields for: Signature, Chairperson of Board; Signature, Secretary of Board; Date.