



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of Labor & Training  
BOARD OF FIREFIGHTERS' RELIEF  
1511 Pontiac Ave.  
Cranston, Rhode Island 02920  
Phone: (401) 462-8855 Fax: (401) 462-8766  
Email: [policefire@dlt.ri.gov](mailto:policefire@dlt.ri.gov)  
Web: [www.dlt.ri.gov/firerelief.htm](http://www.dlt.ri.gov/firerelief.htm)

**Ted Scripsack, Chairman**  
Donald Brown, Secretary  
William Leahy, Member

DEAR PENSIONER:

To ascertain that our records are accurate and up-to-date, the Board of Firefighters' Relief requires that you complete the affidavit below and return it to the following address.

Board of Firefighters' Relief  
1511 Pontiac Ave.  
Cranston, Rhode Island 02920

**PLEASE NOTE: THIS OFFICE MUST BE NOTIFIED IMMEDIATELY BY YOU OR A FAMILY MEMBER IF YOU REMARRY OR UPON YOUR DEATH.**

PLEASE PRINT:

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

EMAIL: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_  
NAME

ADDRESS

Check box if this is a new address

do declare that I am still a widow and receive a widow's and/or dependents check each month from the Board of Firefighters' Relief in the amount of \$\_\_\_\_\_.

**\*\*\* PROVIDE NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE OR CONTACT BELOW:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Widow

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

**To avoid benefit suspension, submit by December 31<sup>st</sup>**

**NOTE: COMMISSION EXPIRATION AND/OR NOTARY SEAL OF NOTARY IS REQUIRED.**