



STATE OF RHODE ISLAND

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: _____

NAME OF DECEASED FIREFIGHTER		Street	City/Town	State	Zip
Birthplace: City/Town, State and Date		ASSIGNMENT	Station	Other	
Fire Department: Name and Address		PERM	VOL/ CALL (please choose one)	Years of Service: From	To
Date of Death:		Cause of Death:			
PLEASE LIST CHILDREN UNDER 18 YEARS OF AGE (If you need additional lines please attach a separate sheet)					
Name	Birth Place	Month/Day/Year of Birth		Male/Female	
1					
2					
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			IN	ON THIS	
			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:		Date:	