## STATE OF RHODE ISLAND



## **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 SEC	URIIY #:			LAIMANI DATE O	F BIK I H:		
CLAIMANT PHONE NUM	BER:						
NAME OF DECEA	ASED FIREFIGHTER	· 	Street	City/Town	State	Zip	
Birthplace: City/Town	State	Date	ASSIGNMENT		Station	Other	
FIRE DEPARTMENT Name and Ad	ddress	PERM V	OL CALL (Please choose o		OF SERVICE FRO	ОМ ТО	
LOCATION OF FIRE OR DE	SCRIPTION/CAL	USE OF INJURI	ES AND CIRCUMST/	ANCES CAUSING DE	АТН		
PLEASE LIST CHILDREN	I UNDER 18 YE	EARS OF AGE	(If you need additi	onal lines please at			
Name 1	Bi	irth Place	Month/E	Day/Year of Birth	Male/Fema	ale	
2							
3							
lame and Address of Attending	Physician at time o	of Death					
Date and Cause of Death							
THE UNDERSIGNED, HEREBY APPLY FOR BENEFITS INDER THE PROVISIONS OF R.I. LAW TITLE 45-19 AND CERTIFY ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT.			PERSONA	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 PU	JBLIC OR JUSTICE OF THI	E PEACE	
STREET ADDRE	ESS OF CLAIMANT		IN	COUNTY	ON THIS MONTH	DAY YEAR	
					SEAL		