



STATE OF RHODE ISLAND

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: _____

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 (If you need additional lines please attach a separate sheet)				
Name	Birth Place	Month/Day/Year of Birth	Male/Female	
1				
2				
3				
Name and Address of Attending Physician at time of Death				
Date and Cause of Death				
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 YEAR
CITY/TOWN, STATE AND ZIP CODE OF CLAIMANT			SEAL	