



**Board of Policemen's Relief**  
**Petition for Widow/Widower Benefits R.I. G.L 45-19**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Case Number: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Initial Amount: \_\_\_\_\_  
on Pay Period \_\_\_\_\_  
Annuity Amount: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Dependents:

- 1.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 3.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 4.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CHECK ONE or BOTH:

- I, the undersigned, am the widow or widower. I understand that I am eligible for annuity payments only as long as I remain unmarried. I must notify the Board at least 30 days before the intended date of remarriage.
- I, the undersigned, am parent or guardian for the above-listed dependent(s) who is/are eligible for benefits only until age 18 (except under special circumstances for eligibility authorized by the Board). I must notify the Board 60 days before a dependent child becomes eighteen(18) years of age.

PLEASE INCLUDE:

- Death Certificate
- Service Certification Letter
- Dependent(s) Birth Certificates

MAIL TO:

RI Department of Labor and Training  
Board of Police Officers' Relief  
1511 Pontiac Avenue  
Cranston, RI 02920

\_\_\_\_\_  
Signature  
Subscribed and sworn to before me  
at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_  
Notary Public  
Commission expires on: \_\_\_\_\_