



BOARD OF DIRECTORS

William Leahy
Chairman

John DeGenova
Secretary

Michael Gingell
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:

Rhode Island Department of Labor and Training
Board of Police officers' 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 (mm/dd/yyyy): _____ Date of Birth (mm/dd/yyyy): _____
Email: _____ Phone Number: _____

I, _____ Last Four SSN: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Check box if this is a new address

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

***Provide name and telephone number of nearest relative or contact below:**

Name: _____ Phone Number: _____

Signature of Widow: _____ Date: _____

Notary Signature: _____ Comm. Ex. Date: _____

*Commission expiration and/or notary seal of notary is required.

To avoid benefit suspension, submit by December 31st