



CLAIM FOR ANNUITIES TO DEPENDENTS OF DECEASED FIREFIGHTERS

***REQUIRED DOCUMENTS:**

Birth Certificate of Dependent Children; Death Certificate of Deceased Fireman; W-9 Form; Direct Deposit Authorization Form

Widow Legal Name: _____	
Widow Date of Birth: _____	Widow Social Security #: _____
Phone Number: _____	Email: _____

Name of Deceased Firefighter	Address	City	State	Zip Code
Fire Department	Address	City	State	Zip Code
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. _____				
3. _____				
4. _____				
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		
CURRENT ADDRESS OF CLAIMANT		IN _____	ON THIS _____	MONTH/DAY/YR
CITY/TOWN, STATE, AND ZIP CODE OF CLAIMANT		COUNTY		
		SEAL		

FIRE CHIEF STATEMENT OF OFFICER OF FIRE DEPARTMENT				
Name of Deceased Member	Fire Station Address	City/Town	State	Zip Code
Date of Service - From: _____		To: _____		
PRINT NAME OF CHIEF IN CHARGE	FIRE CHIEF SIGNATURE	DATE		

OFFICIAL USE ONLY			
Signature, Chairperson of Board	Date	Signature, Secretary of Board	Date