



Notice of Death of a Widow or Dependent for Police and Fire Funds



Police Officers' and Firefighters' Relief RI Dept. of Labor and Training, 1511 Pontiac Ave, Cranston, RI 02920 Telephone: (401) 462-8855 Fax: (401) 462-8766

Date:_____

The Police Office and Fire Fighter Relief members send their sincere condolences of the loss of your loved one.

Please complete form, attach a copy of the death certificate and forward to the above address.

Choose one: Delice Office Widow Benefits

Name Deceased: _____

(First Name, Middle Initial, Last Name)

Date of Death:

(mm/dd/yy)

Custodian Name: _____

Address: _____

Telephone: _____

Police Officer and Fire Fighter Relief