

COMMUNITY FIREFIGHTERS FUNERAL BENEFIT FUND, INC

APPLICATION FOR BENEFIT

Chief _____ of the _____ Fire Department
being duly sworn, states that Mr./Mrs./Miss _____
residing at _____ City _____ State _____
a member of the Association Funeral Benefit Fund in good standing, died _____
at the age of _____, joined this department _____ and benefit should be paid to:

Name: _____

Relationship to deceased: _____

Residing at: _____ City: _____ State: _____ Zip: _____

History of Deceased _____

Office held in Dept. _____

Association Activities _____

Highlights of Fire Service _____

SIGNED (*Fire Department use only*)

TITLE

Subscribed and sworn to before me on
_____ 20_____

NOTARY PUBLIC

Death certificate attached