

DEATH BENEFIT CLAIM

West Virginia State Firemen's Association, Inc.



_____ 19

TO THE OFFICERS OF
WEST VIRGINIA STATE FIREMEN'S ASSOCIATION:

Gentlemen:

You are hereby formally notified of the death of _____
of the _____ (Fire Company or Department)
whose P. O. Address was _____ and
who died on the _____ day of _____ 19____ Age _____

(Signature of BENEFICIARY) _____
First Middle Last

Attest: _____
(Secretary of Fire Co. or Dept.)

I hereby certify that the circumstances, cause of death and facts in the above death are as follows:

Signed by _____ M.D.

The above information was secured by _____

Title of Officer

Death Benefit Claim of _____ is hereby approved and ordered paid _____

Secretary

President

Treasurer

Chairman of Executive Committee

PLEASE PRINT OR TYPE ALL INFORMATION ON THE ABOVE FORM