

WEST VIRGINIA STATE FIREMEN'S ASSOCIATION, INC(WVSFA)
DEATH BENEFIT CLAIM FORM

To the officers of WVSFA:

Date_____

You are hereby formally notified of the death of(full name of deceased)

Member of(fire company/department)_____ at

(Address of fire company/department)_____

Member passed on (date of death)_____

Signature of company/department officer_____

Please include copy of death certificate with this benefit application.

Please send form and copy of death certificate to the address below.

Diane Viands

WVSFA Assistant Secretary

6 Greene Ave

Charles Town WV 25414