

FIREFIGHTERS' RETIREMENT SYSTEM

PO Box 94095, Capitol Station

Baton Rouge, LA 70804-9095

Phone: (225) 925-4060

Fax: (225) 925-4062

APPLICATION FOR SURVIVOR BENEFITS

Deceased Member Name: _____ SSN: _____

Date of Death: _____

Beneficiary Information

Name _____ SSN _____ Birth Date _____ Sex _____ Relationship to Member _____

(attach additional page if necessary)

Applicant's Signature: _____

Note: The person signing here must be the head of the household.

Mailing Address: _____

ITEMS REQUIRED FOR VERIFICATION

- 1) Certified copy of death certificate
- 2) Certified copy of birth certificates for surviving spouse and/or children
- 3) Marriage License

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, came and appeared _____
who made oath that the statements above are true.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary in and for the Parish of _____,
State of Louisiana, this ____ day of _____, 19__.

WITNESS:

Notary Public

Affix Seal