Firemen's Associa	ition of t	he Stat	te of Pennsylvania
D	eath Ben	efit Clai	m
To: Financial Secretary, FASP		Date _	
108 Josephine Avenue, W	V. Conshoho	cken, PA 1	9428
You are hereby notified of the dea	nth of:		
who was a member of (fire compa	any or relief ass	ociation)	
and whose address was			
and who died on the d	ay of		
Attached is a certified copy of the member died. (This claim cannot		•	•
• •	be processed v	without the o	certificate)
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member died. (This claim cannot Name, address and signature of personance) Name Street Address City SignatureDo not write below this line This claim has been reviewed and Approved and ordered paid Denied, deceased was not a member.	be processed verson filing this State State One of the time For approval	rithout the of claim (Pleas Relationshi Zip vrite below t	certificate) se type or print clearly) ip to deceased Phone his line

Death assignment no. _____ Order no. ____ Check no. ____ Check date _____