

**Volunteer Firemen's Association of  
Cambria County and Vicinity**

**Death Benefit Claim**

Date Filed \_\_\_\_\_

To the Association Secretary,

You are hereby notified of the death of \_\_\_\_\_, Who was a member of (Fire Company or Relief Assoc.) \_\_\_\_\_ and who died on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

**Attached is a certified copy of the Certificate of Death, as issued by the State in which the member dies. (This claim cannot be processed without the Certificate)**

Beneficiary Name, Address and Signature filing this claim: (Please type and print clearly)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Do not write below this line**

Death Benefit Claim for \_\_\_\_\_ is hereby approved and ordered to Be paid to the Beneficiary named above.

\_\_\_\_\_  
Signature of Association Secretary

Date: \_\_\_\_\_

**Return to:  
VFACC&V  
Attn: Secretary  
P.O.Box 244  
St. Michael, Pa. 15951**