



# Cambria County Regional Firefighters' Association

## 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 Association) \_\_\_\_\_ and who died  
on \_\_\_\_\_ day of \_\_\_\_\_ (month) in the year \_\_\_\_\_

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

Beneficiary name, address, and signature of the person filing this claim (Please type or print clearly)

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

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

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

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

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

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**DO NOT WRITE BELOW THIS LINE**

Death benefit claim for \_\_\_\_\_ is here by approved and  
ordered to be paid to the named beneficiary named above.

Signature of Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form and Death Certificate to: CCRFA, P.O. Box 244, St. Michael, Pa. 15951**