



**The Central District Volunteer Firemen's Association
OF PENNSYLVANIA**

Death Fund Claim Certification Form

The Central District Volunteer Firemen's Association has been notified of the death of Member,
....., who was a member in good standing with the association at the time of death.

Having been named or designated as beneficiary, you are entitled to a death fund payment of
..... \$

Please complete this claim certification form as follows:

PART I — To be completed by the beneficiary.

A. Please sign it and include the address to which the check is to be mailed.

PART II — To be completed by the Funeral Director.

A. A state death certificate may be submitted in place of mortician's signature, if more convenient. Certificate cannot be returned.

PART III — Reserved for association use.

PART I — BENEFICIARY

Date

Name of Deceased

Address of Deceased

Date of Death
(Month) (Day) (Year)

Signature of Beneficiary

Mailing Address

PART II — CERTIFICATION OF DEATH

Name of Deceased Age

Address of Deceased

Date of Death Time

Date of Burial

I hereby certify that I have interred the remains of the deceased in:

.....
(Cemetery) (Location)

Signature of Mortician Date

Firm name & address

PART III— ASSOCIATION USE

Order No.

Date

Payment Date

Check No.

Beneficial standing and payment of claim for
Member..... is
in order and satisfactory for payment.
Secretary

Please return this form to the Secretary. Every effort will be made to process this claim with dispatch. However, please allow at least two weeks for the check to be forthcoming.