

**DELAWARE VOLUNTEER FIRE COMPANY  
FUNERAL EXPENSE FORM**

Deceased Member: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

Fire Company Name: \_\_\_\_\_ Station #: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

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

Relationship to Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Date Joined: \_\_\_\_\_ Date of Final Service: \_\_\_\_\_

Interruptions in Active Service (Date): \_\_\_\_\_

Total Number of Years & Months in Active Service: \_\_\_\_\_

I do hereby swear/affirm that I have personally checked the records of membership and all other available information and affirm that \_\_\_\_\_ was a member in good standing, during the period shown above, of the \_\_\_\_\_ Volunteer Fire Company and the member has \_\_\_\_\_ years of active service.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Secretary & Fire Co. Seal

\_\_\_\_\_  
President &/or Chief

**Attach a Death Certificate, Funeral bill, and completed Funeral Benefit Beneficiary Form.  
Mail to:**

Insurance Coverage Office, 841 Silver Lake Blvd Suite 100, Dover, DE 19904  
Phone: 302-739-3651 or toll free 1-877-277-4185