

**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