

**DVFA Mutual Relief Assc.  
Funeral Expense Form**

Deceased Member \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Cost of Funeral**

State Amount \_\_\_\_\_

**Service Record**

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

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

I do hereby swear/affirm that \_\_\_\_\_ was a member in good  
Standing during the period shown above of the \_\_\_\_\_ Volunteer  
Fire Company .

Sworn to and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

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

Attach a photo copy of Death Certificate, Copy Funeral Bill and copy of Member

application to fire Company and Mail to : Treasurer of Mutual Relief  
Richard Perillo  
509 Calhoun Rd  
Wilmington, DE 19809

Date Received Request:

Date Check Mailed:

Check #