

**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: _____

COST OF FUNERAL:

If over \$7000.00 check here _____ If not, state amount: _____

Was deceased entitled a death benefit as a former state employee? Yes _____ No _____

SERVICE RECORD:

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 did have a minimum of ten (10) years of active service.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Secretary & Fire Co. Seal

President &/or Chief

Attach a copy of Death Certificate and Funeral Bill and Mail to:
Insurance Coverage Office, 500 W. Loockerman St, Suite 300, Dover, DE 19904
Phone: 302-739-3651