

**STATE OF DELAWARE**  
**VOLUNTEER FIREMEN'S PENSION PLAN**

**Application For Pension**

I hereby apply for a Delaware Volunteer Firemen **Service** pension under the provisions of Title 16, Chapter 66A effective \_\_\_\_\_.

Name: \_\_\_\_\_ S.S. No.: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_, \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**CERTIFICATION BY APPLICANT**

I have reviewed and hereby certify that all information is accurate and true to the best of my knowledge and belief.

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

\_\_\_\_\_  
*(Notary Public)*

\_\_\_\_\_  
*(Signature of Applicant)*

**CREDITABLE SERVICE OF MEMBER**

FROM			THROUGH			PERIOD COVERED			NAME OF VOLUNTEER ORGANIZATION
Month	Day	Year	Month	Day	Year	Years	Months	Days	
									TOTAL ACTIVE SERVICE PRIOR TO 1/1/86                  YEARS
<b>TOTAL CREDITABLE SERVICE</b>									

**CERTIFICATION BY ORGANIZATION**

I hereby certify that all information given for \_\_\_\_\_, the applicant for pension, is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*