

**FOR FILING OF NEXT CLAIM**

Form 300

Association # \_\_\_\_\_

Company # \_\_\_\_\_

Line # \_\_\_\_\_

**Note: Notice of Death should be forwarded to office within (30) Thirty days of death.**

**NOTICE OF DEATH**

Advisory Committee \_\_\_\_\_, 20\_\_\_\_

New Jersey State Firemen's Association  
1700 Galloping Hill Road  
Kenilworth, New Jersey 07033-1303

Gentlemen:

I beg to report the death of a member of our Association with the information as follows:

Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of Fire Company \_\_\_\_\_

Date of Admittance \_\_\_\_\_ Retirement \_\_\_\_\_

Line of Duty \_\_\_\_\_ Yes (Proof must be documented)

Name of Widow (er) \_\_\_\_\_

If decedent and Widow (er) living separately at time of death please state: YES\_\_\_\_ NO\_\_\_\_

Address \_\_\_\_\_

Names of Children (If minor please state) and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relatives/Caregiver (Please state) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ FIREMEN'S RELIEF ASSOCIATION

\_\_\_\_\_ Secretary's Signature

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_