

**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  
1711 Route 34 South  
Wall Township, New Jersey 07727

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) were living separately at time of death please state: YES \_\_\_\_\_ NO \_\_\_\_\_**

Address \_\_\_\_\_

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

\_\_\_\_\_

**Name of Parents** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Address \_\_\_\_\_

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