

**FIREFIGHTERS' RETIREMENT SYSTEM**

**PO Box 94095, Capitol Station**

**Baton Rouge, LA 70804-9095**

**Phone: (225) 925-4060**

**Fax: (225) 925-4062**

**APPLICATION FOR SURVIVOR BENEFITS**

Deceased Member Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**Beneficiary Information**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Relationship to Member \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(attach additional page if necessary)

Applicant's Signature: \_\_\_\_\_

Note: The person signing here must be the head of the household.

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**ITEMS REQUIRED FOR VERIFICATION**

- |  |                     |
|--|---------------------|
| 1) Certified copy of death certificate                                       | 3) Marriage License |
| 2) Certified copy of birth certificates for surviving spouse and/or children |                     |

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, came and appeared \_\_\_\_\_  
who made oath that the statements above are true.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary in and for the Parish of \_\_\_\_\_,  
State of Louisiana, this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

WITNESS:

\_\_\_\_\_

Notary Public

Affix Seal