



Maritime Fire Chiefs Association

PO Box 6, Dartmouth, NS, B2Y 3Y2

--MORTUARY FUND APPLICATION FORM--

Deceased Members Name: _____
Fire Department Name: _____
Rank: _____
Years of Active Membership (approximate) _____

All cheques will be made payable to the Estate of the deceased member:

Mailing Address of Deceased Members Estate: _____

Documentation to be attached to application:

- Copy of Obituary
- Copy of Death Certificate

Please mail attachments and form to:

Maritime Fire Chief's Association, PO Box 6, Dartmouth, NS B2Y 3Y2

Name of Person Submitting Application for Estate: _____

Mailing Address: _____

Relationship to Deceased: _____