

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
TOTAL CREDITABLE SERVICE									

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)