

**DVFA Mutual Relief Association
Funeral Expense Form**

Deceased Member _____ Date of Request _____

Address _____

Fire Company Name _____ Station # _____

Funeral Director _____

Cost of Funeral:

State Amount _\$ _____

Service Record

Date Joined _____ Date of Final Service _____

Total Number of Years & Months in Active Service _____

I do hereby swear/affirm that _____ was a member in good Standing during the period shown above of the _____ Volunteer Fire Company.

Sworn to and subscribed before me the _____ day of _____ 20_____

Secretary & Fire Co. Seal

President &/or Chief

Attach a photo copy of Death Certificate, Copy Funeral Bill and copy of Member Application to Fire Company and Mail to:

Treasurer of Mutual Relief Association
William F. Tobin
22645 Harbeson Road
Harbeson, DE 19951

Date Received Request:

Date Check Mailed:

Check #