

**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 #