

**NEW HANOVER COUNTY FIREFIGHTERS ASSOCIATION  
BENEVOLENT BROTHEROOD  
CERTIFICATION OF DECEASED MEMBER**

This is to certify that \_\_\_\_\_

of \_\_\_\_\_ Fire Department

Passed away on \_\_\_\_\_

Date Benefits Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chairman