

Death Notification Form

Complete this form in order to notify MFPRSI of the death of a member of the retirement. We are sorry for your loss and greatly appreciate your consideration to notify us.

Deceased Information		
Date of Death _____		
First Name _____	Last Name _____	Last 5 Digits of SSN _____
Address _____		
City _____	State _____	Zip _____

Contact Information		
First Name _____	Last Name _____	Relationship to Deceased _____
Address _____		
City _____	State _____	Zip _____
Email _____	Phone _____	

Beneficiary Information			
Does the Deceased have a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If the Deceased does have a surviving spouse, please enter the information requested below.			
First Name of Spouse _____	Last Name of Spouse _____		
Does the Deceased have surviving children? <input type="checkbox"/> Yes <input type="checkbox"/> No If the Deceased does have a surviving children, please enter the information requested below.			
Names of Children:	First Name	Last Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____