

CLINTON/ST.CLAIR COUNTY FIREMEN'S ASSOCIATION, INC.
DEATH BENEVOLENT FUND

REQUEST FOR ADDRESS CHANGE

I, _____ a member of, _____

Fire Department hereby request an address change to my Death Benevolent Form.
I understand that I have the right to request a change of address, and this address may not be given to any person or persons without my written consent to the Clinton/St. Clair County Firemens Association. I understand that this will be my current and legal address until another change has been filed in writing.

CHANGE FROM

Name _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ DOB _____

CHANGE TO

Name _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ DOB _____

My Signature

My Name – Please Print

Date _____

Secretary of above Department

OFFICE USE ONLY:

DATE RECEIVED: ___/___/___

DATE PROCESSED: ___/___/___