



# LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P.O. Box 41903 | Los Angeles | CA 90041  
(323) 259-5200 EXT. 205 or 224 [firemensrelief.org](http://firemensrelief.org)

## CEMETERY PLOT APPLICATION

### MEMBER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		BIRTH DATE
ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> OTHER _____				
STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED		RANK		ASSIGNMENT
DATE ADMITTED TO THE DEPARTMENT		DATE ADMITTED TO THE ASSOCIATION		
INDEBTEDNESS <input type="checkbox"/> YES <input type="checkbox"/> NO    INITIALS _____		AMOUNT		
PURCHASE CEMETERY PLOT				
CEMETERY NAME _____		SECTION _____	PLOT _____	GRAVE _____
CEMETERY NAME _____		SECTION _____	PLOT _____	GRAVE _____
BENEFIT UTILIZATION AMOUNTS				
<b>DEATH BENEFIT</b> \$ _____		<b>LIFE &amp; ACCIDENT</b> \$ _____		\$ _____
BENEFIT AMOUNT		AMOUNT USED		BENEFIT AMOUNT    AMOUNT USED

**TO THE HONORABLE BOARD OF TRUSTEES of the LOS ANGELES FIREMEN'S RELIEF ASSOCIATION:**

**Sirs:**

I \_\_\_\_\_ acknowledge that I have elected to use my **LAFRA Death Benefit / Life & Accident**  
*(Member's Full Name)*  
**Benefit** for the purpose of purchasing a LAFRA owned cemetery plot. I am further acknowledging that I am relinquishing any further claim to the **Death Benefit / Life & Accident Benefit** and that my beneficiaries will be entitled to only the remaining balance (if any) of my **Death Benefit / Life & Accident Benefit** upon my death.

\_\_\_\_\_ **Member Signature**

\_\_\_\_\_ **Date**