



**Volunteer and Exempt Firemen's  
Benevolent Association of  
Freeport, New York**

416 Atlantic Avenue, Freeport, New York 11520  
(516) 771-5475 Fax (516) 771-5474



**Timothy Jones**  
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*Trustee*

**David Baer**  
*Ex-Officio*

**Donald R. Lohr**  
*Attorney*

Date \_\_\_\_\_

**Dear President Jones,**

**On behalf of the estate of \_\_\_\_\_ now deceased, I request and hereby apply for assistance to reimburse the cost and expenses of his funeral. I am related to the deceased as follows: \_\_\_\_\_ and power of attorney, and I reside at the following address: \_\_\_\_\_**

**I have enclosed a certified copy of the death certificate of for: \_\_\_\_\_ and I have enclosed a true copy of the funeral bill (and all other bills related to the funeral). (With the exception of flowers) Any assistance to aid the estate of \_\_\_\_\_ in this time of need would be greatly appreciated.**

**Very truly yours,**

\_\_\_\_\_

**If the family wishes a Maltese cross grave marker, presented, please indicate:**

Yes\_\_\_\_ or No\_\_\_\_