AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF_____)

I, _____, do hereby certify that
(printed name of fire chief or other appropriate local government official)

_____was a regular or full-time firefighter (as defined by
(printed name of deceased firefighter)

Chapter 912 of the 2006 Public Acts) of the _____
(name of the deceased firefighter's fire department)

that is registered and recognized by the Tennessee State Fire Marshal. I further certify that

_____ , was required to extinguish and control fires or
(printed name of deceased firefighter)

fire-related incidents, and his/her death occurred on the _____ day of _____ in the

year of _____ as a result of the actual discharge of duties of the position of firefighter.

_____ _____
Signature of Fire Chief or Other Appropriate Government Official — Date

Sworn to and subscribed before me on this _____ day of _____, 20___.

_____
Notary Public

My commission expires _____

Please attach the following documents:
Copy of the deceased's death certificate
Copy of the current Fire Department Recognition certificate
Copy of the completed and submitted Tennessee Fire Incident Report