



AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF _____)

I, _____, do hereby certify that _____
(Print name of Chief of Fire Department) (Print name of deceased firefighter)

was a firefighter as defined by Tenn. Code Ann. § 7-51-206(a)(1) and was a firefighter employed with the _____, which is a duly recognized (Name of fire department) department with the Tennessee State Fire Marshal. I further certify that the firefighter listed above was required to extinguish and control fires or fire-related incidents and that his/her death occurred in the course of his/her employment and in the actual discharge of the duties of a firefighter on the _____ day of _____ in the year of _____.

Signature of Chief of Fire Department Date

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

Notary Public

My commission expires: _____