

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

APPLICATION FOR SURVIVING SPOUSE'S PENSION

I, _____, hereby make application for a Surviving
Full Name

Spouse's Pension from the Police Pension Fund. I am the legal surviving spouse of the deceased.

Surviving Spouse's Date of Birth: _____

Surviving Spouse's Social Security Number: _____

Were you living with the deceased at the time of death? Yes _____ No _____

If not, list your address _____
and also, give the reason you did not live with the deceased.

Separated _____ Divorced _____ Other (describe) _____

Deceased's name: _____

Deceased residence address at death: _____

Indicate status of deceased at time of death:

Active duty _____ Retired _____ Disability _____ Other _____

If Active: Was the deceased on duty at time of death? Yes _____ No _____

Cause of death: _____

(Attach one (1) certified copy of death certificate)

Was an official inquiry as to the cause of death made? Yes _____ No _____

Was the deceased under a doctor's care at any time during the last twelve months?
Yes _____ No _____

If yes: Name of Doctor(s) _____

Date _____

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Are there any dependent children (under 18 years of age) who might be entitled to pension benefits from this fund? Yes _____ No _____

If yes, indicate names and dates of birth:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

Attach one (1) certified copy of birth certificate for each child listed.

Are any of the above listed children adopted? Yes _____ No _____

If yes: Attach one (1) copy of adoption papers, duly certified, for each child adopted.

I CERTIFY THAT THE FOREGOING INFORMATION AND STATEMENTS ARE TRUE AND CORRECT.

Date: _____
_____ Applicant

Reviewed at meeting of the Board of Trustees, Des Plaines Police Pension Fund.

Date: _____
_____ Secretary