



# Canadian Fallen Firefighters Foundation

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## The Gertrude Agnes Behring Fund for the Fallen application

(This bequest is designated to help families cover LODD funeral costs not covered by workers compensation and/or other agencies.)

Name of deceased (please print clearly): \_\_\_\_\_

Family contact name: \_\_\_\_\_

Family contact address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_

Ph: \_\_\_\_\_

Date of death: \_\_\_\_\_

Funeral location: \_\_\_\_\_

Fire department name and contact: \_\_\_\_\_

Fire department contact Ph: \_\_\_\_\_

Total cost of funeral: \$ \_\_\_\_\_  
(please include receipts)

Total covered by workers comp/other agencies: \$ \_\_\_\_\_  
(Please include proof of payment)

By signing this form, I, \_\_\_\_\_, agree that all the above information is correct and understand the policies of the bequest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(The CFFF bequest committee will review your application and award the bequest as they deem appropriate. A maximum award of up to \$2000 may be given)*