



BURNED OUT SURVIVORS' FUND

A NON-PROFIT CHARITABLE ORGANIZATION

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A Fire Fighter Supported Charity

FIRE DEATH APPLICATION FOR ASSISTANCE

NAME OF FIRE AGENCY RESPONDED: _____ CASE #: _____ (if known)

DATE OF APPLICATION: _____ DATE OF FIRE DEATH: _____

ADDRESS WHERE FIRE DEATH OCCURRED: _____

CITY: _____ ZIP: _____

DECEASED INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____ AGE: _____

PERSON MAKING APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE#: (____)-_____ CELL#: (____)-_____ Email: _____

HOW DID YOU HEAR ABOUT US: _____

HOW CAN WE HELP: _____

HOW DID THE FIRE DEATH OCCUR: _____

BY ENTERING MY FULL NAME IN THE BLANK BELOW, I CERTIFY THE ANSWERS I HAVE PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ (REQUIRED)