

**APPLICATION FOR SURVIVOR'S PENSION  
CHAMPAIGN POLICE PENSION FUND**

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby make application for a survivor's pension from the Champaign Police Pension Fund.

Survivor's date of birth \_\_\_\_\_

Date of marriage \_\_\_\_\_

**Current mailing address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of death of police officer \_\_\_\_\_

Name of deceased police officer \_\_\_\_\_

Survivor's social security number \_\_\_\_\_

Signature \_\_\_\_\_

Approved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_