



**PART III: PARENT(S) OF FIREFIGHTER**

If at the time of death the firefighter was not survived by a spouse or children and there was a parent or parents of the deceased, this form should be completed. Attach a copy of the firefighter birth certificate or other evidence of parent-child relationship as appropriate. See 815 KAR 45:060.

**PARENT(S)-CLAIMANT(S) IN CIRCUMSTANCE  
OF NO SURVIVING SPOUSE OR CHILDREN**

12. FULL NAME	SS#	ADDRESS & PHONE

I hereby make claim for compensation for myself as, or on behalf of, spouse, child/children or other eligible claimants listed above, as a result of the death of the above named firefighter who sustained fatal injury in the line of duty. Every statement and information set forth herein is true to the best of my knowledge and belief. A false answer to any question in this Statement may be grounds for nonpayment of benefits and may be punishable by fine or imprisonment. All the information you give will be considered in reviewing the claim and is subject to investigation.

SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (     )     )

DATE: \_\_\_\_\_

This claim may be prepared by a person acting on behalf of the claimant(s) such as a parent, legally appointed guardian, or legal representatives, or duty designated representatives of the claimant(s). Evidence of authority to represent claimant(s) should be attached.

**Mail Completed Form to:**

Kentucky Fire Commission  
2750 Research Park Drive/Barn Annex  
2<sup>nd</sup> Floor  
P.O. Box 14092  
Lexington, Kentucky 40511  
1(800)782-6823