

# MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA

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## DEATH NOTIFICATION FORM

### PART I DECEASED INFORMATION:

Date of Death:

First Name

Middle Initial

Last Name

Address 1

Address 2

City

State

Zip

Phone

### PART II CONTACT INFORMATION:

First Name

Middle Initial

Last Name

Relationship to Deceased:

Address 1

Address 2

City

State

Zip

Phone

### PART III BENEFICIARY INFORMATION

Surviving Spouse?  YES  NO

Name of Spouse:

Children?  YES  NO

Name of Children:  AGE:

AGE:

AGE: