



**City of Newport News
Employees' Retirement and Benefits Office**
2400 Washington Avenue
Newport News, VA 23607
(757) 926-3929 Phone
(757) 926-3570 Fax

Death Notification Form

On behalf of the City of Newport News, we offer our condolences on the recent loss of your loved one. Please complete the following form and return to the Retirement Office via mail or fax as soon as possible to ensure timely processing.

** Please note that a delay in notifying the Retirement Office could result in an overpayment of benefits which may have to be repaid to the Fund**

NOTIFICATION SUBMITTED BY:	
RELATIONSHIP TO THE DECEASED:	
BEST CONTACT NUMBER:	
MAILING ADDRESS:	

NAME OF THE DECEASED (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER
DATE OF BIRTH	AGE	DATE OF DEATH

Was the deceased member legally married at the time of death? Yes No Unknown

SPOUSE'S NAME, if applicable: (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:	CONTACT PHONE NUMBER:

Only complete this section if an Executor of the deceased member's estate has been appointed. Proof of executorship must be returned to the Retirement Office with this form.

EXECUTOR'S NAME, if applicable:	DATE OF BIRTH
COUNTY WHERE EXECUTORSHIP WAS ESTABLISHED?	EMAIL ADDRESS:
MAILING ADDRESS	CONTACT PHONE NUMBER

Please submit a certified copy of the member's death certificate to the Retirement Office as soon as it is made available. No benefit or beneficiary information will be released until a death certificate is on file. Once received, information may only be released to the listed or assumed beneficiaries. If you have any questions, you may contact (757) 926-3929.

SIGNED: _____	DATE: _____
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