



Washington County Length of Service Awards Program -



Spousal Benefit Certification Form

Volunteer Receiving Benefit: _____

Monthly Benefit Amount \$ _____

Please attach a certified death certificate to this form to facilitate transfer of benefit.

Date of Death of Primary Recipient: _____

Date of Marriage : _____ (a certified copy may be requested)

Claimant Spouse's Name _____

Address: _____

Date of Birth: _____

Social Security Number: _____

I _____ do hereby certify under the penalties of perjury that I was the legally married spouse of the above named volunteer at the time of his/her death and I am currently entitled to receive the spousal benefit which was reserved for me at the time my spouse began receiving benefits. I understand that I will continue to receive the benefit reserved for me at the current rate until my death or until such time as I re-marry. I also agree to inform the L.O.S.A.P. coordinator or committee immediately upon any change of address or marital status.

Signature of Spouse/Claimant: _____ Date: _____

This is to certify that on this _____ day of _____, 20____, before me, the undersigned Notary Public in and for the State of Maryland, duly commissioned and qualified, personally appeared _____, to me known to be the person described in and who executed the within and foregoing certification, and acknowledged to me that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Signature Print Name: _____

NOTARY PUBLIC in and for the State of Maryland, residing at _____.

My commission expires: _____

Signature of LOSAP Coordinator/Alternate: _____ Date: _____