



AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF _____)

I, _____, do hereby certify that _____
(Print name of Chief of Rescue Squad Unit) (Print name of deceased rescue squad worker)

was a volunteer rescue squad worker as defined by Tenn. Code Ann. § 7-51-207(a)(2) and was a
volunteer rescue squad worker with the _____.
(Name of Rescue Squad Unit)

I further certify that the rescue squad worker listed above was required to work and perform
emergency and rescue work without compensation and that his/her death occurred in the course
of his/her duties and in the actual discharge of the positions of a volunteer rescue squad worker
on the _____ day of _____ in the year of _____.

Signature of Chief of Rescue Squad Worker Date

Sworn to and subscribed before me on this _____ day of _____, _____.

Notary Public

My commission expires: _____