

The City of Baltimore
Employees' and Elected Officials'
Retirement Systems

FOR SYSTEM USE ONLY
PENSION # _____
RECEIVED BY: _____

Report of Death

Date of Report: ____/____/____

Dept./Location: _____

Member's Name: _____
First Middle Initial Last

Social Security #: ____ - ____ - ____ Date of Death: ____/____/____

Active Retire

Retirement Date: ____/____/____

Type of Retirement: _____

Option: _____

Is the member married? YES NO

Is spouse living? YES NO

Name, address and telephone number of informant:

Name: _____
First Middle Initial Last

Relationship to member: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Name, address and telephone number of beneficiary:

Name: _____
First Middle Initial Last

Relationship to member: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Action initiated by analyst:

Request from Records:
