

**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: \_\_\_\_\_ Email: \_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_