

REQUEST FOR REPLACEMENT OF CERTIFICATE

Members Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

IS THE ABOVE INFORMATION DIFFERENT THEN WAS PREVIOUSLY REFLECTED ON YOUR OLD CERTIFICATE?

Yes: _____ **No:** _____

Members Signature X _____

X _____
Sworn to before me
This _____ **day of** _____, 199__

THIS FORM MUST BE WITNESSES BY A NOTARY PUBLIC PRIOR TO BEING SUBMITTED TO THE EXEMPT ORGANIZATION

Enclose a fee of \$10.00, and return this form to:

**Volunteer and Exempt Firemen's
Benevolent Association of Wantagh
2045 Wantagh Avenue
Wantagh, NY 11793-3922**