

# Survivor's Benefits/Widow's Pension Application

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(Please complete this form and return it to Administrative Lt. Stacey Lyons with pension papers.  
Mail completed documents to: Bridgeport Police Department Attn: Lt. Stacey Lyons 300 Congress  
St, Bridgeport, CT 06604 )

Widow's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No : \_\_\_\_\_

Widow's Date of Birth: \_\_\_\_\_

Widow's Social Security No.: \_\_\_\_\_

Estate No: \_\_\_\_\_