

Certification of Employment
To accompany the Application for Tuition Waiver
for Children of Fallen Firefighters and Police Officers

It is hereby certified that _____ was employed at
Name of Deceased Parent/Guardian (Please Print)

_____ and was in
Name & Location of place of employment of deceased

performance of his or her duties at the time of his or her death on _____.
Date

The signor below hereby declares, under penalty of perjury, that the information indicated above is true and correct to the best of their knowledge and belief.

Signature and Title of Police/Fire Department Chief

Date

State of New Hampshire

County of _____,

On this _____ day of _____ 20 _____,

_____ personally appeared before me,

_____ who is personally known to me,

_____ whose identity I verified on the basis of _____.

_____ whose identity I verified on the oath/affirmation of

_____,

a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

Justice of the Peace/Notary Public

My commission expires _____.