



Louisiana Clerks of Court Retirement and Relief Fund

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816
Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

CERTIFICATION OF RETIREMENT

Name: ☐ Mr. ☐ Mrs. ☐ Miss

Social Security #: _____

First

Middle Initial

Last

Employer Parish/Court: _____

Address: _____

Date of Birth: _____

Last Day Paid: _____

Retirement Date: _____

Phone Number: (____) _____

I do hereby certify that the information I have provided is true and correct to the best of my knowledge.

Witness _____

Witness _____

Date _____

Signature of Applicant _____

CERTIFICATE OF THE CLERK

I hereby certify that the last date of employment of the above named employee will be the _____ day of _____, 20____, at which time their salary or earnings shall cease.

I further certify that if the said affiant is re-employed in any capacity in my office, I will immediately notify the Board of Trustees of the Clerks Retirement and Relief Fund.

Date _____

Signature of Clerk of Court _____

Parish of : _____

For Retirement Office Use Only

Monthly Benefit: _____

Option Benefit to Beneficiary: _____

Date Benefits are to Commence: _____

Date Approved: _____

(Received Stamp)