

**AGREEMENT FOR COMPENSATION FOR DEATH**

**To the Industrial Accident Board of the State of Delaware Sitting in and**

**for \_\_\_\_\_ County**

(Memorandum of this Agreement must be filed with the Board)  
(SECTION 107)

We the undersigned, being all the dependents who are entitled to compensation on account of the death of

\_\_\_\_\_ from a personal injury sustained by him or her by an accident arising out of and in the course of his or her employment and

\_\_\_\_\_ in whose service the said \_\_\_\_\_

was employed at the time of said injury, have reached an agreement in regard to the compensation to be paid by said employer.

Date of accident \_\_\_\_\_

Place of accident \_\_\_\_\_

Cause of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Date of Death \_\_\_\_\_

The terms of the agreement under the above facts are as follows:

That the compensation payable shall be at the rate of \$ \_\_\_\_\_ per week, based upon an average weekly wage of \$ \_\_\_\_\_ at the time of said injury and shall be paid from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, until terminated, to the following person, or persons, or their legal representative, in accordance with the provisions of the "Delaware Workers' Compensation Act (Title 19, Ch. 23 of the Delaware Code), as amended and in the amount herein designated.

\_\_\_\_\_ \$ \_\_\_\_\_ per week

\_\_\_\_\_ \$ \_\_\_\_\_ per week

\_\_\_\_\_ \$ \_\_\_\_\_ per week

\_\_\_\_\_ \$ \_\_\_\_\_ per week

\_\_\_\_\_ \$ \_\_\_\_\_ per week

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Dependents

\_\_\_\_\_

\_\_\_\_\_

Signature of Employer / Attorney