

# Confidential

## Line of Duty Death Information Form

This form is to be completed/revised annually.

The information you provide on this form will be kept absolutely **confidential** and used only in the event that you are seriously injured or killed in the line of duty. Please take the time to fill it out accurately, as the data will be extremely valuable and helpful to your family in the unfortunate event of your death.

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

### FAMILY INFORMATION

Spouse's Name: \_\_\_\_\_

Address (if different):  
\_\_\_\_\_

City, State, Zip:  
\_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

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

Employment City, State, Zip: \_\_\_\_\_

Employment Phone Number: (\_\_\_\_) \_\_\_\_\_



ADDITIONAL NOTIFICATIONS

Please list the persons you would like to be contacted by agency in case of serious injury or death in the line of duty. This will be in addition to those individuals listed above.

Name                      Address                      City State Zip                      Home & Work Number

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FURTHER CONTACT INFORMATION

Is there anyone in particular you would like to be one of the individuals to make the notification to your family? If you list someone who does not work for your agency, please include address and phone number.

Name                      Address                      City State Zip                      Phone Number

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Is there anyone you would like contacted to assist your family, or to assist with funeral arrangements, or related matters who is not listed above? Please list the below if applicable.

Name                      Address                      City State Zip                      Phone Number

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ADDITIONAL INFORMATION

Please list any preferences you may have regarding funeral arrangements:

Funeral Home: \_\_\_\_\_

Church or Synagogue: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Are you a veteran of the US Armed Services? \_\_\_\_\_ If so, where is your DD214 located? \_\_\_\_\_

If you are entitled to a military funeral as determined by the Department of Veterans Affairs, do you wish to have one? \_\_\_\_\_

I would like full law enforcement honors if killed in the line of duty. Yes  No

Suggested Pallbearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list memberships in law enforcement, religious, or community organizations that may provide assistance to your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a living will? \_\_\_\_\_

Would you like a copy maintained with this form? If so, include a copy in a SEALED envelope.

Do you have a will? \_\_\_\_\_

If yes, where is it located? \_\_\_\_\_

Please list any insurance policies you have.

Company	Policy #	Location of Policy
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Please list in the space below any special requests or directions you would like to have followed upon your death. Include in this area any special rituals you would like included, or excluded, from your service. Please feel free to provide any further information you feel would be helpful as the agency and chaplains assist your family after your death.


Signature: \_\_\_\_\_ Date: \_\_\_\_\_