



National Law Enforcement Officers
MEMORIAL FUND
RESPECT. HONOR. REMEMBER.

FALLEN OFFICER NOTIFICATION FORM

NAME OF OFFICER: _____
(First) (Middle) (Last / Sr., Jr., III etc.)

OFFICER RANK: _____ DATE OF DEATH: _____

AGENCY: _____

AGENCY LOCATION (CITY & STATE): _____

PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT:

SUBMIT COPIES OF AVAILABLE DOCUMENTATION:

- | | |
|------------------------------------------------------|--------------------------|
| 1. Death Certificate and/or Autopsy Report | 4. Court Documents |
| 2. Coroner's Report | 5. Agency Report |
| 3. Newspaper article(s) regarding the incident/death | 6. Official Proclamation |

Contact Name: _____

Mailing Address: _____

Daytime Phone Number: _____

Email Address: _____

Your Relationship to the Officer: _____

Fax or mail this form and documentation to:

NLEOMF Research Department
901 E Street, NW Suite 100 Washington, DC 20004-2025
202-737-3400 [phone] 202-737-3405 [fax]

Upon receipt of this documentation, the NLEOMF Officer Data Form and Criteria for Inclusion will be sent to the head of the agency. The agency has a deadline of December 31st to formally submit the officer's name to NLEOMF for review.