



# National Law Enforcement Officers MEMORIAL FUND

## 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:

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### SUBMIT COPIES OF AVAILABLE DOCUMENTATION:

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|--|--------------------------|
| 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 31<sup>st</sup> to formally submit the officer's name to NLEOMF for review.