

Name of Child: _____

Birth date: _____ Grade: _____

School/Day Care Facility: _____

Address: _____ City: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____

Birth date: _____ Grade: _____

School/Day Care Facility: _____

Address: _____ City: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____

Birth date: _____ Grade: _____

School/Day Care Facility: _____

Address: _____ City: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

Name of Child: _____

Birth date: _____ Grade: _____

School/Day Care Facility: _____

Address: _____ City: _____

Principal: _____ Phone: _____

Teacher/Counselor: _____

If you are divorced, please provide information about your ex-spouse(s).

Name: _____

Address: _____ City: _____ State: _____

Phone: (H) _____ (W): _____

Name: _____

Address: _____ City: _____ State: _____

Phone: (H) _____ (W): _____

Do you want a police representative to contact your ex-spouse(s)? Yes _____ No _____

IN CASE OF EMERGENCY
THE FOLLOWING INDIVIDUALS MUST BE CONTACTED

Please list the name, address and telephone numbers of key relatives and friends (parents, in-laws, siblings, etc). Also, if you are aware of these individuals having a serious medical condition that may be adversely affected upon receiving a notification please indicate on the form.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Pager/Cell Phone: _____

Additional Information: _____

Please use additional pages if necessary.

NOTIFICATIONS

WHO DO YOU REQUEST FROM THE DEPARTMENT TO MAKE A NOTIFICATION TO FAMILY MEMBERS?

Name: _____ Name: _____

Name: _____ Name: _____

WHO DO YOU REQUEST TO SERVE AS DEPARTMENT LIAISON OFFICER FOR YOUR FAMILY?

Name: _____ Name: _____

IMPORTANT BUSINESS/PERSONAL INFORMATION

Do you wish to have a law enforcement funeral? Yes _____ No _____

Church preference: _____ Religious Affiliation: _____

Clergyman: _____ Phone: _____

Address: _____

Funeral Home to be used: _____

Address: _____

Phone: _____ Pre-paid burial plan: Yes _____ No _____

Contact: _____

Church Service Requested: Yes _____ No _____ Private: Yes _____ No _____

Funeral Home Service: Yes _____ No _____ Private: Yes _____ No _____

I prefer: Interment _____ Entombment _____ Cremation _____

My choice of cemetery is: _____

I have purchased a plot: Yes _____ No _____ Location of Deed: _____

Obituary: Yes _____ No _____

Please list the following in my obituary:

Are you a veteran of the United States Armed Forces: Yes _____ No _____

Which Service: _____ Military ID number: _____

If you are entitled to a military funeral as determined by the Department of Veteran Affairs, do you wish to have one? Yes _____ No _____

I am entitled to Veterans Benefits: Yes _____ No _____

I am entitled to Military Honors: Yes _____ No _____

I would like a "Lodge" service: Yes _____ No _____

By: _____

Flowers: Yes _____ No _____ Disposal of flowers: _____

Donations in lieu of flowers to: _____

Musical selections: _____

Special requests for service (speakers, readers, etc.): _____

If the United States flag is placed on the casket, to whom should it be presented following the services?

Do you wish that your badge be presented to a family member (if so, who?): _____

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

1. _____

2. _____

3. _____

4. _____

5. _____

OTHER:

IS THERE SOMEONE IN PARTICULAR THAT YOU GIVE YOUR PERMISSION TO GO THROUGH YOUR LOCKER, DESK, OR WORK AREAS? DISPOSITION OF YOUR PROPERTY?

Additional requests/comments: _____

Signature: _____ Date: _____

If you are not able to sign electronically, you can still email the form you may click here to email it to SHR and we will print it off for you to sign when you come in: