

# ILLINOIS POLICE OFFICERS MEMORIAL COMMITTEE



## ILLINOIS POLICE MEMORIAL NOTIFICATION FORM

**NAME OF OFFICER:** \_\_\_\_\_  
(First) (Middle) (Last) (Sr., Jr., III, etc.)

**OFFICER RANK:** \_\_\_\_\_ **END OF WATCH:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**DEPARTMENT LOCATION (CITY/TOWN):** \_\_\_\_\_

**PROVIDE A BREIF DESCRIPTION OF THE INCIDENT:**

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**SUBMIT COPIES OF AVAILABLE DOCUMENTATION:**

Examples:

1. Death Certificate and/or Autopsy Report
2. Coroner's Report
3. Newspaper article(s) regarding the incident/death
4. Court Documents
5. Department Report
6. Statement of Circumstances (Department issued)

Email this form and documentation to:

**mail@illinoispolice memorial.org**

Receipt of the Illinois Police Memorial Notification Form and supporting documents must be received by the committee no later than December 31<sup>st</sup> to be considered for inclusion in the May ceremony in Springfield.

### SUBMITTER'S CONTACT INFORMATION

**REQUIRED**

Please provide your contact information. This will allow us to be able to contact you should we have any follow up questions.

**Your Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_  
**Your Relationship to the Officer:** \_\_\_\_\_

**KNOWN FAMILY CONTACT INFORMATION**  
**REQUIRED**

Providing any known family members will allow us to update them of the status of the application.

**Spouse/Partner Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number: (Required)** \_\_\_\_\_  
**Email Address: (Required)** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

**Sibling Name:** \_\_\_\_\_  
**Mailing Address (Required):** \_\_\_\_\_  
**Phone Number (Required):** \_\_\_\_\_  
**Email Address (Required):** \_\_\_\_\_

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**Email Address (Required):** \_\_\_\_\_

The Illinois Police Officers Memorial Committee truly appreciates your submission of this form. Feel free to contact us through mail or email if you have any questions or concerns.