

PUBLIC SAFETY MEMORIAL APPLICATION

(Please copy and complete one form per case)



AGENCY INFORMATION

NAME OF AGENCY HEAD: _____

EMPLOYING AGENCY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: Virginia ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

CONTACT PERSON PHONE: _____ EMAIL ADDRESS: _____

PERSONAL DATA ON DECEASED SAFETY PERSONNEL

FIRST NAME: _____ MIDDLE NAME: _____ SURNAME: _____

DATE OF INCIDENT: _____ DATE OF DEATH: _____ AGE: _____ SEX: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ UNKNOWN _____ NUMBER OF CHILDREN _____

EMPLOYED AS: _____ RANK: _____

PLEASE PROVIDE US WITH A LIST OF SURVIVING FAMILY MEMBERS.

We require the name and address of at least one surviving family member for verification of information provided by the department, particularly, the spelling of the officer's name, as it will appear on the Memorial wall. Survivor information is for internal use only and will not be released to the media or others without the expressed consent of the individual.

Name: _____

Address: _____

City, State, Zip: _____

Relationship to deceased: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Relationship to deceased: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Relationship to deceased: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Relationship to deceased: _____

Telephone: _____

Email: _____

CIRCUMSTANCES OF DECEASED PERSON'S DEATH

WAS VICTIM ON DUTY AT THE TIME OF INCIDENT? YES _____ NO _____ UNKNOWN _____ RETIRED _____

CAUSE OF DEATH: _____

PROVIDE A BRIEF DESCRIPTION OF THE CIRCUMSTANCES/INCIDENT

LODA ELIGIBILITY

WAS DECEASED ELIGIBLE TO APPLY FOR LODA BENEFITS FROM VRS? YES _____ NO _____ UNKNOWN _____

IF ELIGIBLE, WAS DECEASED APPROVED FOR LODA DEATH BENEFITS? YES _____ NO _____ UNKNOWN _____

INCLUDE THE FOLLOWING:

- 1 - AGENCY INCIDENT REPORT *(NOT REQUIRED IF DECEASED IS APPROVED FOR LODA DEATH BENEFITS)*
- 2 - DEATH CERTIFICATE AND/OR CORONER'S REPORT *(NOT REQUIRED IF DECEASED IS APPROVED FOR LODA DEATH BENEFITS)*
- 3 - IF AVAILABLE, COPIES OF NEWSPAPER ARTICLES REGARDING INCIDENT/DEATH
- 4 - IF POSSIBLE, A PHOTO OF THE DECEASED TO BE USED ON THE WEBSITE (Best quality photo available)

IF THESE ITEMS HAVE NOT BEEN INCLUDED, PROVIDE AN EXPLANATION BELOW:

OUR AGENCY HAS CONDUCTED A DILIGENT SEARCH AND EXERCISED A GOOD FAITH EFFORT TO VERIFY THAT THE INFORMATION PROVIDED AND ATTACHED HERETO IS TRUE AND CORRECT, AND THAT THIS OFFICER HAS DIED IN THE PERFORMANCE OF DUTY.

OUR AGENCY HAS CONCLUDED THAT THIS OFFICER'S DEATH IS NOT CONSIDERED LINE OF DUTY.

(Signature of AGENCY HEAD)

(Date)

The criteria for including an officer's name on the Virginia Public Safety Memorial are separate and distinct from the line-of-duty-death criteria used by other entities or programs, including local and national public safety memorials and the Public Safety Officers' Benefits (PSOB) Program, U.S. Department of Justice. Acceptance for inclusion on the Virginia Public Safety Memorial in no way impacts decisions made by the State of Virginia or the Federal Government regarding the awarding of any line-of-duty benefits.

If you have questions about this process, please call VPSF at 804-709-1091 or e-mail info@vpsf.org.

SUBMIT APPLICATION MATERIALS — via email to info@vpsf.org; via fax to (804)285-3363; or, via mail to VPSF, 880 Technology Park Drive, Suite 100, Glen Allen, VA 23059.