

# 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 PERSONS DEATH**

WAS VICTIM ON DUTY AT THE TIME OF INCIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

**PROVIDE A BRIEF DESCRIPTION OF THE CIRCUMSTANCES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCLUDE THE FOLLOWING**

- 1 AGENCY INCIDENT REPORT
- 2 DEATH CERTIFICATE AND/OR CORONER'S REPORT
- 3 COPIES OF NEWSPAPER ARTICLES REGARDING INCIDENT/DEATH
- 4 IF POSSIBLE INCLUDE 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 state and local law enforcement 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 email the VPSF at [info@vpsf.org](mailto:info@vpsf.org) or call 804-709-1091. Applications may be submitted via email to [info@vpsf.org](mailto:info@vpsf.org); via fax to 804-285-3363; or via mail to VPSF, 880 Technology Park Dr, Suite 100, Glen Allen, VA 23059.

**VPSF USE ONLY**

APPROVED

DENIED

DECISION DATE: