

Concerns of Police Survivors, Inc.

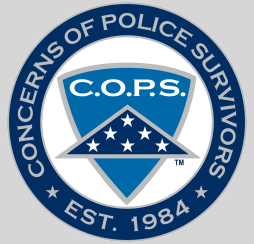
PO Box 3199, Camdenton, MO 65020

Please return to:

Laurie_Putnam@nationalcops.org or Lissa_McCabe@nationalcops.org

Office (573) 346-4911 * Fax (573) 346-1414

www.concernsofpolicesurvivors.org



All information provided to C.O.P.S. is kept in strict CONFIDENCE and will not be shared.

Officer's Full Name and Rank			Agency Name		
Date of Incident			Date of Death		
Is there surviving legally married spouse?	YES	NO	Is there a surviving fiancée?	YES	NO
Name					
Address			City, State, Zip		
Phone		#	Email		

Please list dependent children living with the spouse:

Name & DOB	Name & DOB
Name & DOB	Name & DOB

Please list any surviving children that live elsewhere:

Name	DOB
Address	City, State, Zip
Phone	#
Guardian	Email
	Guardian Relationship to Officer

Name	DOB
Address	City, State, Zip
Phone	#
Guardian	Email
	Guardian Relationship to Officer

Are there surviving parents? YES NO

Father

Address	City, State, Zip
Phone	#
	Email

Mother

Address	City, State, Zip
Phone	#
	Email

Are there surviving siblings? YES NO

Name **DOB**
Address City, State, Zip
Phone # Email

Name **DOB**
Address City, State, Zip
Phone # Email

Please list any additional survivors and include the relationship to the officer including those that live out of state.

Name **Relationship**
Address City, State, Zip
Phone # Email

Name **Relationship**
Address City, State, Zip
Phone # Email

Name **Relationship**
Address City, State, Zip
Phone # Email

Name **Relationship**
Address City, State, Zip
Phone # Email

Name **Relationship**
Address City, State, Zip
Phone # Email

Will a report be filed with PSOB? YES NO

For questions regarding PSOB Benefits, contact the PSOB office at (888) 744-6513 or (202) 307-0635.

Name of person filling out this form

Email and Address of person filling out this form