ILLINOIS POLICE MEMORIAL NOTIFICATION FORM

NAME OF OFFICER: ________________________________________________________________

(First)   (Middle)  (Last)      (Sr., Jr., II I, etc.)

OFFICER RANK: __________________________  END OF WATCH: __________________________

DEPARTMENT: ________________________________________________________________

DEPARTMENT LOCATION (CITY/TOWN): ______________________________________________

PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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)

Mail or email this form and documentation to:
Illinois Police Officer Memorial (Criteria Committee)
840 S. Spring Street, P.O. Box 9347, Springfield, IL 62791-9347
mail@illinoispolicememorial.org

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

Page 1 of 2
SUBMITTER’S CONTACT INFORMATION

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: _______________________________________________________
Daytime Phone Number: ____________________________ _________________________
Email Address: __________________________________________________________
Your Relationship to the Officer: __________________________________________

KNOWN FAMILY CONTACT INFORMATION

Providing any known family members will allow us to update them of the status of the case, especially in the event that this officer will be included in the memorial.

Family Member Name: ___________________________________________________
Mailing Address: _______________________________________________________
Daytime Phone Number: ____________________________ _________________________
Email Address: __________________________________________________________
Relationship to the Officer: _______________________________________________

Family Member Name: ___________________________________________________
Mailing Address: _______________________________________________________
Daytime Phone Number: ____________________________ _________________________
Email Address: __________________________________________________________
Relationship to the Officer: _______________________________________________

Family Member Name: ___________________________________________________
Mailing Address: _______________________________________________________
Daytime Phone Number: ____________________________ _________________________
Email Address: __________________________________________________________
Relationship to the Officer: _______________________________________________

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.