Illinois Police Officers Memorial Committee



ILLINOIS POLICE MEMORIAL NOTIFICATION FORM

NAME OF OFFICE				
OFFICED DANK.			(Last)	
OFFICER RANK: _			_ END OF WATCH:	
DEPARTMENT:				
DEPARTMENT LO	CATION (CI	TY/TOWN):		
PROVIDE A BREIF	DESCRIPT	ION OF THE I	NCIDENT:	
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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)

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.

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.