

# FAMILY SURVIVORS PROGRAM



In honor of law enforcement officers killed in the line of duty the American Federation of Police & Concerned Citizens provides assistance to the immediate family. Based on official information provided to us by the law enforcement agency, we are able to send information to the survivors (names and addresses will remain confidential) of programs available to them if they wish to participate.

The survivor program offers a Christmas and birthday gift program for sons & daughters (under 18) of law enforcement officers killed in the line of duty and a scholarship assistance fund for college age sons or daughters, a summer camp grant, a quarterly newsletter, and a lifetime membership to the Family Survivor Program at no cost. The family will also receive a membership card and car emblem. The car emblem is intended to remind the community of the loss of an officer to the spouse, children and parents, and show the respect due. It will also be a reminder to officers nationwide of the sacrifice made by this family.

Please Type or Print

RESEARCH SECTION

Deceased Officer's Full Name \_\_\_\_\_ Rank \_\_\_\_\_

Department/Agency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Died in the line of duty on \_\_\_\_\_ Age at time of death \_\_\_\_\_

Brief statement of incident and cause of death \_\_\_\_\_

Day of week officer was killed \_\_\_\_\_ Time of day officer died/injured \_\_\_\_\_

## FAMILY SURVIVORS:

The following persons listed are the **immediate** survivors:

If Married, spouse's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHILDREN** (If additional space is required, use back of form. Include date of birth for children to be included in our Christmas and birthday gift program).

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Indicate:  Son  Daughter

Address \_\_\_\_\_

## PARENTS:

Father's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

You may list the name of any brothers or sisters of the officer below or on the back of this form with full name, address, city, state, zip so we may send the emblem and ID card, if so desired. Direct support programs, however, are limited to immediate family members due to budget constraints. If other family members desire to be listed we will honor such requests on your recommendation.

Date \_\_\_\_\_ Information provided by \_\_\_\_\_ Rank \_\_\_\_\_

Please return to: Chairman, Survivors Committee • American Federation of Police & Concerned Citizens • 6350 Horizon Dr., Titusville, FL 32780