

CALIFORNIA PEACE OFFICERS' MEMORIAL FOUNDATION

640 Bercut Drive, Sacramento CA 95811 ♦ www.camemorial.org ♦ cpomf@camemorial.org

LINE-OF-DUTY DEATH ENROLLMENT FORM

Full Name of Deceased: _____

Dept./Agency: _____

Address: _____

City/Zip: _____

Date of Birth: _____ Date of Appt: _____ Date of Death: _____

Circumstances of Death (short narrative or attach report): _____

Primary Survivor: _____ Relationship: _____

Address: _____

City/Zip: _____ Phone: _____

The above information is true and correct. _____ was a peace officer by authority of Penal Code Section 830 et seq. and died in the line of duty.

Chief/Sheriff Signature: _____ Print Name: _____

Address: _____ Phone: _____

City/Zip: _____ Fax: _____

Contact Person: _____ E-mail: _____

Address: _____ Phone: _____

City/Zip: _____ Fax: _____

Date Submitted To CPOMF: _____

CPOMF Office Use Only		
Date Received:	_____	
Board Action Date:	_____	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	<input type="checkbox"/> Pending