



SURVIVOR CONTACT FORM – All information provided to C.O.P.S. is kept in strict confidence and will not be shared. C.O.P.S. does not solicit our membership.

OFFICER'S FULL NAME:

AGENCY NAME:

DATE OF INCIDENT:

DATE OF DEATH:

IS THERE A SURVIVING LEGALLY MARRIED SPOUSE?

YES ☐

NO ☐

IS THERE A SURVIVING FIANCÉ?

YES ☐

NO ☐

NAME

MALE ☐

FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

PLEASE LIST DEPENDENT CHILDREN LIVING WITH THE SPOUSE (UNDER 21):

NAME

DOB

MALE ☐

FEMALE ☐

NAME

DOB

MALE ☐

FEMALE ☐

NAME

DOB

MALE ☐

FEMALE ☐

NAME

DOB

MALE ☐

FEMALE ☐

☐ **CHECK HERE IF CHILDREN LIVE WITH A GUARDIAN (LIST GUARDIAN ON LAST PAGE) OTHER THAN SPOUSE.**

PLEASE LIST SURVIVING ADULT CHILDREN (OVER 21):

NAME

MALE ☐

FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

SURVIVING ADULT CHILDREN CONTINUED...

NAME

MALE ☐ FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

PLEASE LIST SURVIVING PARENTS:

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

PLEASE LIST SURVIVING SIBLINGS:

NAME

MALE ☐ FEMALE ☐

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

SURVIVING SIBLINGS CONTINUED...

NAME

MALE ☐ FEMALE ☐

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

PLEASE LIST ANY ADDITIONAL SURVIVORS AND INCLUDE RELATIONSHIP TO THE OFFICER INCLUDING THOSE THAT LIVE OUT OF STATE.

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

ADDITIONAL SURVIVORS CONTINUED...

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

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RELATIONSHIP

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EMAIL ADDRESS

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RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

ADDITIONAL SURVIVORS CONTINUED...

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME

MALE ☐ FEMALE ☐

RELATIONSHIP

DOB

ADDRESS

CITY, STATE & ZIP

PHONE #

EMAIL ADDRESS

NAME OF PERSON FILLING OUT THIS FORM:

EMAIL ADDRESS:

RETURN TO chapterandsurvivorsupport@nationalcops.org

