



SURVIVOR CONTACT FORM

All information provided will be kept in strict confidence.

Fallen Officer Full Name

Fallen Officer Rank

Fallen Officer Agency Name

Fallen Officer Agency State

Fallen Officer Date of Death

Fallen Officer Gender (optional)

Was the fallen officer active duty or retired from service?

Survivor Full Name

I am a surviving

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Are you a law enforcement officer?

If yes, list your agency name

Survivor Story – please write a paragraph about your loss.

OTHER HOUSEHOLD MEMBERS

Survivor (2) Full Name

I am a surviving

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Are you a law enforcement officer?

If yes, list your agency name

Survivor (3) Full Name

I am a surviving

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Are you a law enforcement officer?

If yes, list your agency name

Survivor (4) Full Name

I am a surviving

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Are you a law enforcement officer?

If yes, list your agency name

Survivor (5) Full Name

I am a surviving

Mailing Address

City, State & Zip Code

Email Address

Cell Phone #

Home Phone # (if different than cell)

Race (optional)

Gender (optional)

Are you a law enforcement officer?

If yes, list your agency name

If you are a survivor or co-worker of law enforcement suicide, please fill out the form to be added to Survivors of Blue Suicide's database. If your officer's EOW is January 1, 2019 or after, your information will be shared with Concerns of Police Survivors (C.O.P.S.) as you may be eligible for services.

To opt out of sharing information, select the dropdown.

Return completed form to
Laurie.Putnam@nationalsbs.org or
Shelley.Jones@nationalsbs.org.