CONCERNS OF POLICE SURVIVORS
PO BOX 3199, CAMDENTON, MO 65020
(573) 346-4911 // chapterandsurvivorsupport@nationalcops.org

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:

TYPE OF DEATH: ☐ ACCIDENTAL ☐ FELONIOUS ☐ NATURAL ☐ SUICIDE

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 ☐

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 ☐

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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