



## **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.

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OFFICER'S FULL NAME:

AGENCY NAME:

DATE OF INCIDENT:

DATE OF DEATH:

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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

**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 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

## 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](mailto:chapterandsurvivorsupport@nationalcops.org)

