



**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	

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	

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NAME OF PERSON FILLING OUT THIS FORM:

EMAIL ADDRESS:

RETURN TO [chapterandsurvivorsupport@nationalcops.org](mailto:chapterandsurvivorsupport@nationalcops.org)

