



FAMILY SURVIVORS PROGRAM

In honor of law enforcement officers killed in the line of duty the American Federation of Police and Concerned Citizens (AFP&CC) provides assistance to the officer's family. Based on information provided to us by the law enforcement agency, we will send information to the survivors of programs available to them if they wish to participate.

These programs include: Birthday & Holiday gifts for children through the age of 17, Summer Camp funds for children 6 - 17 to the camp of their choice, College Scholarships for sons & daughters, Mother's Day & Father's Day gifts as well as Annual Christmas ornaments for all survivors. Family members also receive a lifetime membership card, Police Survivor car emblem, a quarterly newsletter and an invitation to join us for our Police Memorial Day Service each May.

Officer's Full Name _____

Rank _____

EOW Date _____

Department/Agency _____

City/State _____

SURVIVING FAMILY MEMBERS

Information may be submitted for spouses, minor children, adult children, parents and siblings.

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Name _____

Complete Date of Birth _____

Relationship to Officer _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Date _____ Information provided by _____ Rank _____

Please return to: Survivor's Family Fund, American Federation of Police & Concerned Citizens, 6350 Horizon Dr, Titusville, FL 32780
Form may also be completed online at <http://www.aphf.org/survap.pdf> and submitted to the above address or email to LoriS@aphf.org.

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____

Name _____
Complete Date of Birth _____
Relationship to Officer _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____